



# Overtime Compensation Verification

Employee Name: \_\_\_\_\_

Month: \_\_\_\_\_

Total Overtime Hours Worked: \_\_\_\_\_ (see record below)

## Compensatory Agreement

Overtime pay at 1.5 times the regular hourly rate.  
 Number of actual overtime hours to be paid.

\_\_\_\_\_

AND/OR

Compensatory time off (CTO) at 1.5 times the overtime hours worked.  
 Number of actual overtime hours worked to be taken as compensatory time off.

\_\_\_\_\_

Employee's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## Record of Overtime Worked and Compensated

Date of Overtime Worked	Hours of Overtime Worked	Amount of Paid Overtime	Amount of CTO Overtime	Amount and Date CTO Taken	Amount and Date CTO Taken	Amount and Date CTO Taken	Employee Initials	Supervisor Initials
			x 1.5 =					
			x 1.5 =					
			x 1.5 =					
			x 1.5 =					
			x 1.5 =					
			x 1.5 =					
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			x 1.5 =					
<b>TOTALS</b>								

CTO must be granted and taken within twelve months of the date earned; any time not taken within a twelve month period must be paid. Maximum accrued CTO allowable is 240 hours. Untaken accrued CTO must be transferred with any employee who is reassigned (and a copy of this form to new location). Accrued CTO must be paid to any employee terminated for any reason.

*Distribution: Supervisor, Employee, Office Copy for Employee File*