

# ARKANSAS STATE UNIVERSITY-NEWPORT

## Section 1: REQUEST FOR COMPENSATORY TIME

Employee must complete and submit this section to supervisor for approval **before** working overtime.

TODAY'S DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

REQUEST TO WORK: \_\_\_\_\_  
(Date)

FROM: \_\_\_\_\_ UNTIL: \_\_\_\_\_  
(IN - Hour of Day) (OUT - Hour of Day)

FROM: \_\_\_\_\_ UNTIL: \_\_\_\_\_

FROM: \_\_\_\_\_ UNTIL: \_\_\_\_\_

PURPOSE OF COMPENSATORY TIME: \_\_\_\_\_

THIS OVERTIME IS:  APPROVED  NOT APPROVED

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

\_\_\_\_\_  
Supervisor's Signature (Date)

## Section 2: COMPENSATORY TIME EARNED

Employee must complete and submit this section to supervisor at the end of the work week.

TODAY'S DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

NORMAL WORK HOURS ARE FROM: \_\_\_\_\_ UNTIL: \_\_\_\_\_

DATE WORKED: \_\_\_\_\_  
(Date)

FROM: \_\_\_\_\_ UNTIL: \_\_\_\_\_  
(IN - Hour of Day) (OUT - Hour of Day)

FROM: \_\_\_\_\_ UNTIL: \_\_\_\_\_

FROM: \_\_\_\_\_ UNTIL: \_\_\_\_\_

\*TOTAL HOURS WORKED AS STRAIGHT TIME: \_\_\_\_\_

\*\*TOTAL HOURS WORKED OVER 40: \_\_\_\_\_ X 1.5\* equals \_\_\_\_\_

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

\_\_\_\_\_  
Supervisor's Signature (Date)

\*Hours worked over 8 each day this week.

\*\*Used when regular hours are over 40 in a work week.

**NOTE: Supervisor should route signed form to the Department of Human Resources.**