

DEPARTMENT OF CHILDREN AND FAMILY SERVICES REPORT OF OVERTIME WORKED

PERSONNEL AREA:

PAY PERIOD:

COST CENTER NAME/NO:

EMPLOYEE NAME:

DATE	ACTUAL TIME WORKED	# OF HOURS	REASON

These hours will be added to compensatory time.

These hours will be reported as paid overtime.

EMPLOYEE

SIGNATURE: _____ **DATE** _____

SUPERVISOR

SIGNATURE: _____ **DATE** _____

APPOINTING AUTHORITY

SIGNATURE: _____ **DATE** _____