

Overtime/Compensatory Leave Approval Form

Employee:				LOLA # De			:		
REQUEST TO EARN OVERTIME/COMPENSATORY-TIME LEAVE						ACTUAL OVERTIME/COMPENSATORY TIME HOURS EARNED			
Dates Requested	Hours Requested	Budget Code: Fund Org Acct/Site	Initials of Budget Code Dept. Head (if applicable)*	Descrip	tion of Work	Dates Worked	Hours Worked From	То	Total Hours
*=							worked the above l	icted hours	
 *The initials of the Budget Code's Department Head are <u>required</u> if charged to a budget code other than the employee's department. The employee's FLSA Classification is:NON-EXEMPT EXEMPT I approve the employee listed above to work the days and times listed and request the following form of compensation for hours earned. 						I certify that I have worked the above listed hours. Employee's Signature date I hereby certify that the employee has worked the above listed hours and is eligible for Overtime Pay/Compensatory Time compensation as determined by the College's Appointing Authority in accordance with FLSA regulations and State of Louisiana Civil Service Rules.			
Overtime Pay* Compensatory Time Leave Immediate Supervisor/Department Head date						Immediate Supervisor/Department Head date			
Intermediate Supervisor/Department Head date date						(if applicable) _			
Appointing Authority Approval date						-			
Availability of Funds date for Overtime Pay*: Budget Manager									