



Overtime/Compensatory Leave Approval Form

Employee: LOLA # Department:

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)*	Description of Work	Dates Worked	Hours Worked From	To	Total Hours

<p>*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.</p> <p>The employee's FLSA Classification is: ___NON-EXEMPT ___EXEMPT</p> <p>I approve the employee listed above to work the days and times listed and request the following form of compensation for hours earned.</p> <p>_____ Overtime Pay* _____ Compensatory Time Leave</p> <p>Immediate Supervisor/Department Head _____ date _____</p> <p>Intermediate Supervisor/Department Head _____ date _____ (if applicable)</p> <p>Appointing Authority Approval _____ date _____</p> <p>Availability of Funds _____ date _____ for Overtime Pay*: Budget Manager</p>	<p>I certify that I have worked the above listed hours.</p> <p>Employee's Signature _____ date _____</p> <p>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.</p> <p>Immediate Supervisor/Department Head _____ date _____</p> <p>Intermediate Supervisor/Department Head _____ date _____ (if applicable)</p> <p>Appointing Authority Approval _____ date _____</p>
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