ODNR Request for Compensatory Hours / Cash Payment

Name: _____

Overtime Hours Earned

Date	From	To
_____	_____ am/pm	_____ am/pm
_____	_____ am/pm	_____ am/pm
_____	_____ am/pm	_____ am/pm
_____	_____ am/pm	_____ am/pm
_____	_____ am/pm	_____ am/pm

Total Hours: _____

OT Eligible (x 1.5)_____

Method of Payment

_____ Compensatory Hours Credited

Previous Balance _____ New Balance _____

_____ Overtime Cash Payment

Activity Necessitating Overtime _____

_____

_____

_____

Prior approval of supervisor is required to earn overtime.

_____ _____

Employee's Signature Date

_____ _____

Supervisor's Signature Date

DNR1204 11/10