

SANTA MONICA COMMUNITY COLLEGE DISTRICT
OFFICE OF HUMAN RESOURCES

AUTHORIZATION FOR OVERTIME/COMPTIME
 (To be authorized prior to overtime/comptime except in emergency situation)

EMPLOYEE NAME:		POSITION/CLASSIFICATION:		DATE OF REQUEST:
DATE OVERTIME/COMPTIME WILL BE WORKED:		ANTICIPATED HOURS TO COMPLETE ASSIGNMENT/PROJECT:		
REQUEST TYPE				
<input type="checkbox"/> COMPTIME	<input type="checkbox"/> OVERTIME	<input type="checkbox"/> REQUESTED BY MANAGER	<input type="checkbox"/> REQUESTED BY EMPLOYEE	
DATE(S)		PROJECT		HOURS
SUPERVISOR/PAYMENT AUTHORIZATION				TOTAL HOURS
<input type="checkbox"/> Request approved		<input type="checkbox"/> Request denied		<input type="checkbox"/> COMPTIME
<input type="checkbox"/> OVERTIME				
TOTAL HOURS APPROVED:	<input type="checkbox"/> HOURS SUBMITTED ON TIME SHEET BY SUPERVISOR:			
SUPERVISOR'S SIGNATURE:		DATE:	EMPLOYEE'S SIGNATURE:	

white-payroll

yellow-department

pink-employee

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