

**DEPARTMENT OF AGRICULTURE  
REQUEST TO AUTHORIZE OVERTIME/COMP TIME**

Instructions: Overtime to be worked must be authorized in advance. The employee must complete this form and include **all leave balances** and route it to their supervisor.

Annual Leave Balance \_\_\_\_\_ hrs    Comp Leave Balance \_\_\_\_\_ hrs

\_\_\_\_\_, requests authorization for overtime as follows:  
(Employee Name)

DATE	EXPLANATION	TOTAL HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I request approval for:         Cash Payment                       Comp Time

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approve         Disapprove         Cash Payment         Comp Time

Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

***Director Approval required for cash payment.***

Approve         Disapprove         Cash Payment         Comp Time

Director: \_\_\_\_\_ Date: \_\_\_\_\_

**EXCEPTIONS:**

It was necessary to work overtime, which is an exception to the policy, and submit for your approval after the fact.

Total hours were worked for  Cash Payment                       Comp Time

I believe this overtime/comp time was necessary and should be approved because:

DATE	EXPLANATION	TOTAL HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: \_\_\_\_\_ Employee: \_\_\_\_\_