



## CITY OF PATASKALA OVERTIME DESIGNATION FORM

**Purpose:** This form is to be used whenever an employee has worked overtime hours and would like to retain the hours in their compensatory time bank instead of being paid overtime wages. Completed forms must be submitted to the Finance Department by the last day of the pay period or sooner. Any overtime hours not designated will be automatically paid to the employee.

**Employee Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

Date	Hours	Reason/Purpose

**Total overtime hours worked or earned:** \_\_\_\_\_ (straight time)

**Total hours requested to be paid out:\*** \_\_\_\_\_ (straight time)

**Total hours requested to be added to Comp Time balance:\*** \_\_\_\_\_ (straight time)

\*Overtime will be paid at applicable rate 1 ½ times, 2 times, etc. Compensatory time will be booked at applicable rate 1 ½ times, etc.

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

\_\_\_\_\_  
Supervisor Signature \_\_\_\_\_  
Date

<u>Finance Use Only:</u>	Straight-Time	Extended	Confirmed/Posted
<b>Total Overtime Hours:</b>	_____	_____	_____
<b>Paid Overtime Hours:</b>	_____	_____	_____
<b>Accrued Comp Time:</b>	_____	_____	_____