

BERRIEN REGIONAL EDUCATION SERVICE AGENCY

Human Resources Department

ADDITIONAL HOURS WORKED REPORT

THIS FORM IS TO BE COMPLETED AND APPROVED BY THE SUPERVISOR BEFORE ADDITIONAL HOURS ARE WORKED. Actual time worked as reported by an employee will be rounded to the nearest quarter-hour interval by the Human Resources Office. Overtime hours that are eligible for time and a half pay are actual hours worked.

Employee Name	Department
Date(s) to be Worked _____ _____ _____	Additional Hours to be Worked _____ _____ _____
Total Hours	
Supervisor requesting additional work:	
Purpose for additional time worked:	
Employee's Signature	Date Submitted

TO BE COMPLETED BY SUPERVISOR:

Supervisory Action

Supervisor and employee have agreed that the additional time will be:

A. **Compensatory Time Off (CTO)** **Pay for Hours Worked**

*comp hours must be used within 90 calendar days

Approve	Disapprove	Signature	Date

Human Resources	(%) Completed
Enter hours as calculated here: Amount:	