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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: _____			

<i>Employee's Signature</i> _____		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	<i>Signature</i>	Date
_____	_____	_____	_____
Human Resources			Payroll Initial:
Hourly Rate:			
Quick Key/Account Number:			