



# Additional Time Worked Form

**Please have your supervisor approve your extra hours *before* you fill out this form.** HR will round your reported time to the nearest 15 minutes. Any overtime (time-and-a-half) will be calculated based on the actual hours you 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		
<b>TO BE COMPLETED BY SUPERVISOR</b>			
Supervisor and employee have agreed that the additional time worked will be:			
<input type="checkbox"/> * <b>Compensatory Time Off</b>	<input type="checkbox"/> <b>Pay for Hours Worked</b>		
*Must be used within 90 calendar days			
Approve	Disapprove	<i>Signature</i>	Date
<b>TO BE COMPLETED BY HUMAN RESOURCES</b>			
Hourly Rate:			Payroll Initial:
Quick Key/Account Number:			