NORTHWESTERN STATE UNIVERSITY
Report of Prior Approved
Classified Employee Compensatory Time/ Overtime Earned

TO: _____ _____
Supervisor *Date*

FROM: _____ _____
Employee *Budget Unit Title*

Overtime / Compensatory Time Earned				
	TIME EARNED		Pay Period Dates: _____/_____/_____ -- _____/_____/_____	
DATE	FROM	TO	Number of Hours	FUNCTION, DUTIES
TOTAL HOURS THIS REPORT				

EMPLOYEE'S REQUEST

Classified compensatory time earned must be prior approved and an approved Classified Request for Approval for Compensatory Time" form on file in order to be credited to an employee.

_____ _____
Employee's Signature *Date*

SUPERVISOR'S APPROVAL

Supervisor is certifying that the employee is not using Compensatory Time to establish a flexible work schedule and that the work performed could not be performed during the employee's regular assigned work schedule and the employee's work schedule is designed to avoid compensatory time when possible.

_____ _____
Supervisor's Signature *Date*

Routing: *Classified (annual leave earning) employee clips to "NSU Daily Attendance and Leave Report" and returns to Supervisor to Business Affairs – Payroll Section*