

CITY OF CORAL GABLES
FINANCE DEPARTMENT

REQUEST FOR COMPENSATORY CREDIT FOR OVERTIME WORKED

Employee's Name

Empl. #

Date of Request

Classification Title

Department Number

I HEREBY REQUEST COMPENSATORY LEAVE CREDIT FOR OVERTIME WORKED AS FOLLOWS:

<u><i>Date Worked</i></u>	<u><i>Beginning</i></u>	<u><i>Ending</i></u>	<u><i>Work Performed</i></u>	<u><i>Time Worked</i></u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL HOURS OF CREDIT FOR COMPENSATORY TIME: HOURS _____/MINUTES _____

EMPLOYEE'S SIGNATURE

APPROVED:

SUPERVISOR

DEPARTMENT HEAD

POSTED:

DEPARTMENTAL RECORDS

FINANCE DEPT. (PAYROLL)