



**DOUGHERTY COUNTY SCHOOL SYSTEM**  
Employee Overtime/Comp Time Application

NAME: \_\_\_\_\_

EMPLOYEE #: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

**TIME WORKED BEYOND REGULAR WEEKLY HOURS**

**OVERTIME**

**COMP TIME**

(Please check one of the above)

| DATE | OVERTIME HOURS | COMP TIME HOURS | IN (a.m./p.m.) | OUT (a.m./p.m.)    | TOTAL |
|------|----------------|-----------------|----------------|--------------------|-------|
|      |                |                 |                |                    |       |
|      |                |                 |                |                    |       |
|      |                |                 |                |                    |       |
|      |                |                 |                |                    |       |
|      |                |                 |                |                    |       |
|      |                |                 |                | <b>TOTAL HOURS</b> |       |

**REASON FOR OVERTIME/COMP TIME:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director, Finance & Operational Services Signature

\_\_\_\_\_  
Date