

This certifies that _____ is entitled to compensation for the following holiday time/overtime:
 Name of Employee

Holiday Time* Worked from _____ to _____ on Holiday hours worked: _____
 Hour Hour Mo Day Year

Overtime** Worked from _____ to _____ on Overtime hours worked: _____
 Hour Hour Mo Day Year

Reason holiday/overtime work was necessary:

Holiday/Overtime Work authorized by:

Immediate Supervisor Signature	Date	Department Head Signature	Date
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Compensatory time			
Employee Signature			Date

* **Holiday time** is time worked on a legal state holiday. Employees will receive compensatory time off for all holiday time earned unless an employee elects to receive cash.

** **Overtime**, for a classified employee, is time worked in excess of 8 hours in one day or in excess of 40 hours in one week. For an unclassified employee, overtime is time worked in excess of 40 hours in a week. A non-exempt employee who works overtime must be compensated at a time and one-half rate in either cash or compensatory time, at the employee's option.