



BANKED OVERTIME ADJUSTMENT FORM

Employee's Name: _____

Employee ID#: _____

Department: _____

Classification : _____ Level: _____

Supervisor's Name: _____

Date of overtime/call in (m/d/yr)	Authorized Overtime worked		Hours Eligible for Premium Compensation	Date(s) Leave is being Adjusted for (m/d/yr)	Reason for Adjustment	Leave Type	Add to or Deduct from Balance	Number of hours
	From	To						

Employee signature

Date

Supervisor signature

Date

*All overtime approved as time-off in lieu of payment must be approved by the employee's supervisor. Lieu time untaken at year end will be paid out. This form is maintained and kept in the employee's department. **Submit a copy to Payroll for processing.**