

## Banked Overtime Adjustment Form

Employee's Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Department: \_\_\_\_\_

Classification: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Level: \_\_\_\_\_

Date of Overtime or Call In (yyyy-mm-dd)	Start Time (From)	End Time (To)	Hours Eligible for Premium Compensation	Date(s) Leave is being Adjusted for (yyyy-mm-dd)	Reason for Adjustment	Leave Type	Add To or Deduct From Balance	Number of Hours

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.**