

Alpine School District
OVERTIME/TIME OFF OR COMPENSATING TIME OFF

This form must be filled out for overtime worked and/or time off or compensatory time off taken

Number of hours		T & A Codes	Date
_____	Ordered overtime earned	OE	_____
_____	Time off taken during same work week	TO	_____
_____	Compensatory time off taken after end of work week	CTO	_____

This information must also be recorded on the Time and Attendance report. Any overtime worked to **TO** or **CTO** taken must have supervisor's prior approval. There should be a plan for **CTO** to be taken within a month of the time the overtime is worked.

Employee Signature

Copies to T & A Secretary
Supervisor
Employee

Immediate Supervisor