



# Overtime Compensation Verification

Employee Name: \_\_\_\_\_

Month: \_\_\_\_\_

Total Overtime Hours Worked:

_____	Overtime pay at 1.5 times the regular hourly rate. Number of actual overtime hours to be paid.
	AND/OR
_____	Compensatory time off (CTO) at 1.5 times the overtime hours worked. Number of actual overtime hours worked to be taken as compensatory time off.