



# Overtime Compensation Verification

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

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

Total Overtime Hours Worked:

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