



Overtime Compensation Verification

Employee Name: _____

Month: _____

Total Overtime Hours Worked: _____ (see record below)

Compensatory Agreement

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.