

HUMAN RESOURCES DEPARTMENT
NOTIFICATION OF HOURS WORKED
(other than assigned work schedule)

TO: _____
 FROM: _____
 DATE: _____

My assigned work hours are _____ to _____ Monday through Friday. On the dates and times indicated below, I worked, at your direction, times different from and/or in addition to the above. I understand that I am not authorized to work any different or additional hours from ordinary unless pre-approved by you.

For Functional Employees Only: I also understand that I am waiving my contract right for overtime of greater than eight hours of work per day, and agree to a 40 hour work week.

	SUN	MON	TUE	WED	THU	FRI	SAT
Time In							
Time Out							
Unpaid Lunch/ Breaks							
Number of Hours Worked							

<i>Total Hours</i>	<i>Hours over 40</i>

Pursuant to our prior agreement and applicable City policies this overtime shall be credited to me as comp. time at 1 ½ times the number of overtime hours worked.

 Employee Signature

For Supervisor Use Only

_____ Total Weekly Hours
 _____ Overtime Hours (Total Weekly Hours - 40)
 _____ Comp Time Hours (OT Hours x 1.5)

 Supervisor Signature