

CITY OF OMAHA
NOTIFICATION OF HOURS WORKED
(other than assigned work schedule)

TO: _____
 (Supervisor)

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 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							
Hours							

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