

COMPENSATORY TIME PROGRAM PARTICIPATION REQUEST

I, the undersigned employee of the _____ Department have been advised by the Department Director that I am eligible to participate in the Compensatory Time Program when I am requested to work overtime. I hereby volunteer to work overtime and to have such overtime paid through the Compensatory Time Program which allows me to earn 1 ½ hours of compensatory time for each hour of overtime worked.

I understand that if I am working in the Compensatory Time Program I may be requested to work overtime before another employee who is not participating in the Compensatory Time Program.

Print Name

Social Security Number

Signature

Date