DUTCHESS COMMUNITY COLLEGE PAYMENT/COMPENSATORY REQUEST FORM

After receiving supervising Dean approval, forward the form to the Dean of Administration's Office for review and approval. The Human Resources Office will then receive the request, assign a number and return one copy to the employee/supervisor.

	ADDITIONAL HOUR	S	
EMPLOYEE(S) NAME(S)	TO BE WORKED	HRLY RATE 11 (If Payment is red	L/2 RATE quested)
DATE(S) TO BE WORKED			
JUSTIFICATION (WHAT W	VORK WILL BE DONE AND	THE NECESSITY FOR OVER	TIME)
HOURS TO BE CHARGED	BACK (IF APPLICABLE)		
ES	TIMATED TOTAL COST \$_		
Supervisory Approval	 Date	Dean of Administration	Date
Supervising Dean	Date		
OVERTIME AUTHOR	RIZATION #	MUST BE ON TIME SH	EET FOR
P	AYMENT/COMPENSATORY	/ TO BE EARNED	