



REID STATE TECHNICAL COLLEGE

"The College That Works"

ADJUSTMENT OF WORK SCHEDULE REQUEST

Employee: _____

Employee Number: _____

Compensation Type: Compensatory Time

Adjusted weekly work hours

Purpose of Request for Overtime: _____

Estimated Overtime Hours to Work: _____

Current Amount of Compensatory time Accumulated by Employee: _____

Employee Signature

Date

Supervisor/Dean Signature

Date

President Signature

Date

Actual Dates and Number of Hours Worked Beyond the Normal 40 Hour Week	
Date	Hours

Certify Hours Worked Beyond the Normal 40 Hour Week.

Employee Signature

Date

Supervisor/Dean Signature

Date