

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.

EMPLOYEE(S) NAME(S)	ADDITIONAL HOURS TO BE WORKED	HRLY RATE	1 1/2 RATE (If Payment is requested)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DATE(S) TO BE WORKED _____

JUSTIFICATION (WHAT WORK WILL BE DONE AND THE NECESSITY FOR OVERTIME)

HOURS TO BE CHARGED BACK (IF APPLICABLE) _____

ESTIMATED TOTAL COST \$ _____

Supervisory Approval Date

Dean of Administration Date

Supervising Dean Date

OVERTIME AUTHORIZATION # _____ MUST BE ON TIME SHEET FOR
PAYMENT/COMPENSATORY TO BE EARNED