

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