

**WEST VIRGINIA JUDICIARY
COMPENSATORY TIME RECORD**

Name: _____ Office Location: _____

Section 1: ADVANCE APPROVAL TO WORK OVERTIME OR ON A HOLIDAY

Date Submitted: _____

The above-named employee is authorized to work _____ hour(s) or _____ day(s)

Overtime Holiday on _____
Date(s)

Submitted by: _____
Signature of Employee

Reviewed by: _____
Signature of Supervisor

Approved by: _____
Signature of Administrative Director or Designee

Advance approval for overtime is required.

Section 2: STATEMENT OF COMPENSATORY TIME EARNED

Date Submitted: _____

Compensatory Time Earned:

Overtime: _____ hour(s) on _____
Date(s)

Holiday: _____ day(s) or _____ hour(s) on _____
Date(s)

Submitted by: _____
Signature of Employee

Reviewed by: _____
Signature of Supervisor

Approved by: _____
Signature of Administrative Director or Designee

Date entered in location leave records: _____

Statements of Compensatory Time must be submitted no later than the week following the work week in which the overtime was earned.