

GEORGIA DEPARTMENT OF CORRECTIONS
OVERTIME CLAIM AND PAYMENT REQUEST
(REPRODUCTION OF OFFICIAL TIME SHEET REQUIRED AS ATTACHMENT)

FACILITY/UNIT:	DATE:
DEPARTMENT I.D.:	HR DESIGNEE AND PHONE NUMBER:

EMPLOYEE NAME:	EMPLOYEE IDENTIFICATION NUMBER:
JOB TITLE:	MONTHLY SALARY: \$
PAYGRADE:	POSITION NUMBER:
FLSA STATUS (N-NONEXEMPT, E-EXEMPT):	MAXIMUM FLSA HOURS IN WORK CYCLE:
WORK CYCLE BEGIN DATE:	MAX DAYS IN WORK PERIOD (e.g., 28, 27, 24, etc.):
WORK CYCLE END DATE:	

SPECIAL DUTY ASSIGNMENT (if applicable) (also briefly describe special overtime agreement, if applicable)
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MONTHLY SALARY SUPPLEMENTS	
TYPE	(\$) MONTHLY DOLLAR AMOUNT
1).	1).
2).	2).
3).	3).

TOTAL HRS:MINS ACTUALLY WORKED	PLUS (+) TOTAL HRS:MINS PAID LEAVE/HOLIDAYS *	MINUS (-) MAXIMUM FLSA HRS ALLOWED	TOTAL HRS:MINS FLSA COMP DUE	ACTUAL HRS:MINS OVERTIME DUE **

**Important Note: Comptime or Military Leave taken/used are only needed to come up to scheduled hours and minutes. No extra compensatory time will be credited to the employee.*

DATE:	HR REPRESENTATIVE APPROVAL:
DATE:	APPOINTING AUTHORITY APPROVAL:
DATE:	REGIONAL DIRECTOR APPROVAL:

FOR CORRECTIONAL HUMAN RESOURCES MANAGEMENT USE ONLY:	
NOTES:	NOTES:
GA COMPENSATORY, MILITARY LEAVE OR HOLIDAY CALCULATION OR CORRECTION (amount in hrs/min) GA COMP _____ MILITARY LV _____ HOLIDAY DEF	CASH OVERTIME (**FROM BOX ABOVE) _____ O/T HRS X \$ _____ /HRS = \$
ENTRY DATE:	ENTRY DATE:
CONFIRM DATE:	CONFIRM DATE: