

**State of Connecticut  
Department of Public Health (DPH)  
DPH Overtime/Compensatory Time Request and Authorization**

**Nature of Request:\***

Overtime (OT)       Compensatory Time

**Reason for Request:**

Emergency       Project       Travel       Other: \_\_\_\_\_

<b>Employee's Name to Perform OT/CT</b>	<b>Employee's ID #</b>
<b>Employee's Supervisor</b>	<b>Supervisor's Phone #</b>
<b>Person Initiating Request</b>	<b>Position</b>

**Enter Date(s) and Time(s) below for pay period for scheduled OT (Overtime) or Comp Time only:**

**Time Format: H:MM AM or PM**

PAY PERIOD	FRI	SAT	SUN	MON	TUES	WED	THURS	TOTAL HOURS
<b>WEEK 1</b>	<b>DATE</b>	-	-	-	-	-	-	<b>0.00</b>
START TIME								
END TIME								
START TIME								
END TIME								
<b>TOTAL HOURS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>WEEK 2</b>	-	-	-	-	-	-	-	<b>0.00</b>
START TIME								
END TIME								
START TIME								
END TIME								
<b>TOTAL HOURS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>TOTAL HOURS PER PAYPERIOD:</b>								<b>0.00</b>

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date**

**Approved**

**Denied**

\_\_\_\_\_  
**Manager's Signature**

\_\_\_\_\_  
**Date**

Completed form must be submitted to DPH Payroll on payday Thursdays.

**\*Use of overtime and compensatory time must be consistent with existing rules, regulations, policies and collective bargaining agreements.**