

THE SAN CARLOS APACHE TRIBE OVERTIME/COMPTIME REQUEST FORM

OVERTIM	ECOMP	TIME	
NAME:	DEPAR	DEPARTMENT:	
	ACTUAL HOURS	WORKED	
DAT		TO: ACTUAL TIME	
	TO:	:	
	TO:	:	
	TO:		
	TO:		
	formed.		
Description of work per	tormea:		
Justification:			
The above request for a	overtime/comptime should be charge	ad to:	
The above request for t	Wertime/complime should be charge	, u to.	
Day Davia d Na	Danastmant Account No.	Total Hours	
Pay Period No.	Department Account No.	lotal Hours	
	E ABOVE TIME IS TRUE, ACCURATE AND CO	OMPLETE, AND THAT I HAVE NOT BEEN PENALTIES OF FRAUD PURSUANT TO 18 USC.	
OWIFENSATED BY ANT OTI	TER ENTITY FOR THE ABOVE TIME UNDER P	ENALTIES OF FRAUD FURSUANT TO 16 USC.	
EMPLOYEE'S SIGNATU	IRF	DATE	
LOTEL O OIOITATO		5/11 2	
SUPERVISOR'S SIGNA	TURE	DATE	