



# THE SAN CARLOS APACHE TRIBE OVERTIME/COMPTIME REQUEST FORM

\_\_\_\_\_ OVERTIME

\_\_\_\_\_ COMPTIME

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE	ACTUAL HOURS WORKED		ACTUAL TIME
	FROM:	TO:	
		TO:	
		TO:	
		TO:	
		TO:	

Description of work performed:

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Justification:

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The above request for overtime/comptime should be charged to:

Pay Period No. Department Account No. Total Hours

I HEREBY CERTIFY THAT THE ABOVE TIME IS TRUE, ACCURATE AND COMPLETE, AND THAT I HAVE NOT BEEN COMPENSATED BY ANY OTHER ENTITY FOR THE ABOVE TIME UNDER PENALTIES OF FRAUD PURSUANT TO 18 USC.

EMPLOYEE'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_