CITY OF BELEN, NEW MEXICO

Personnel Action

OVERTIME/COMP TIME

(Fill in the blanks, press print when done.)

Employee: _____ Pay Period Beginning Date: _____

Department: _____ Ending Date:

Date	Time		Reason	Comp/OT	Total Hours
	Beginning	Ending			

Employee Signature _____ Total Overtime: _____

Signature Approving Authority: _____ Total Comptime: _____

Date Approved: _____ Total: _____

Original Copy - Payroll Revised: 5/19/2008