

**CITY OF CANTON  
COMPENSATORY TIME/OVERTIME REPORT**

EMPLOYEE NAME \_\_\_\_\_ DATE \_\_\_\_\_

DEPT. # \_\_\_\_\_

COMPENSATORY TIME (EARNED)  
 COMPENSATORY TIME (EARNED STRAIGHT)

PAID OVERTIME  
 PAID STRAIGHT TIME  
 7<sup>TH</sup> DAY

FROM \_\_\_\_\_ am/pm  
(DATE)

TO \_\_\_\_\_ am/pm  
(DATE)

FROM \_\_\_\_\_ am/pm  
(DATE)

TO \_\_\_\_\_ am/pm  
(DATE)

NUMBER OF HOURS \_\_\_\_\_

IS THIS AN APPROVED CALL BACK? \_\_\_\_\_  
**(Exempt, Non-Bargaining Unit Employees Only)**

REASON FOR WORKING

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EMPLOYEE SIGNATURE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_

DEPARTMENT HEAD APPROVAL \_\_\_\_\_

APPOINTING AUTHORITY APPROVAL \_\_\_\_\_