## WEST VIRGINIA JUDICIARY COMPENSATORY TIME RECORD

Name:			ocation:	
Section 1: ADVANO	CE APPR	OVAL TO WOR	K OVERTIME OR O	N A HOLIDAY
Date Submitted:		-		
The above-named employ	ee is auth	orized to work	hour(s) or	day(s)
☐ Overtime ☐	Holiday	on	Date(s)	
			Date(s)	
		Submitted by: _		
			Signature of I	Employee
		Reviewed by:	2 	
			Signature of S	upervisor
		Approved by:		
			Signature of Administrative	Director or Designee
Advance approval for ove	ertime is re	equirea.		
	STATEM	ENT OF COMP	ENSATORY TIME EA	ARNED
Section 2: S	STATEM	ENT OF COMP		ARNED
	STATEM	ENT OF COMP		ARNED
Section 2: S  Date Submitted:  Compensatory Time Earn	STATEM	ENT OF COMP		
Section 2: S  Date Submitted:  Compensatory Time Earn	STATEM	ENT OF COMP		
Section 2: S  Date Submitted:  Compensatory Time Earn  Overtime:	ed:	ENT OF COMP		
Section 2: S  Date Submitted:  Compensatory Time Earn  Overtime:	ed:	ENT OF COMP	Date(s) hour(s) on	
Section 2: S  Date Submitted:  Compensatory Time Earn  Overtime:	ed:	ent of complour(s) on	Date(s) hour(s) on Date(s)	ate(s)
Section 2: S  Date Submitted:  Compensatory Time Earn  Overtime:	ed:	ent of complour(s) on	Date(s) hour(s) on	ate(s)
Section 2: S  Date Submitted:  Compensatory Time Earn  Overtime:	ed:	ent of complete our(s) on	Date(s)  hour(s) on  Date(s)  Signature of	ate(s)
Section 2: S  Date Submitted:  Compensatory Time Earn  Overtime:	ed:	ent of complete our(s) on	Date(s)  hour(s) on  Date(s)  Signature of	ate(s)
Section 2: S  Date Submitted:  Compensatory Time Earn  Overtime:	ed:	ent of complete our(s) on  Submitted by: _  Reviewed by: _	Date(s)  _ hour(s) on	ate(s) Employee Supervisor
Section 2: S  Date Submitted:  Compensatory Time Earn  Overtime:	ed:	ent of complete our(s) on  Submitted by: _  Reviewed by: _	Date(s)  hour(s) on  Date(s)  Signature of	ate(s) Employee Supervisor

Statements of Compensatory Time must be submitted no later than the week following the work week in which the overtime was earned.