

**CITY OF CANTON**  
**COMPENSATORY TIME/OVERTIME REPORT**  
(Please Print or Type Clearly)

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 \_\_\_\_\_

\_\_\_\_\_

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

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

APPROVAL (DEPT. HEAD) \_\_\_\_\_

APPROVAL (APPTG. AUTH) \_\_\_\_\_