



OPTION OF TIME-IN-LIEU

Name _____ Date _____

Location _____

DATE	REASON FOR OVERTIME	ADDITIONAL HOURS

For the purposes of overtime compensation, I hereby elect to receive time off in lieu of cash payment. I understand that by electing time off in lieu of cash payment, I will be compensated at straight time.

Signature of Applicant _____ Date _____

Signature of Principal _____ Date _____
or Supervisor