EXHIBIT IV-3

APPROVED OVERTIME REPORT
KING WILLIAM COUNTY, VIRGINIA

TO: FINANCE DEPARTMENT

This is to certify that _____ worked _____ hours of approved overtime on _____ * and thereby accrued one and one-half hours of compensatory time per hour of overtime worked over 40 hours in office per week to be taken in accordance with county personnel policies.

_____ _____

Date Supervisor's Signature

* Multiple days of OT per month may be listed on bottom of form.

Date	OT Hours	Supervisor's Initials	Reason for Overtime