



REQUEST FOR APPROVAL OF COMPENSATED OVERTIME FOR FULL-TIME CLASSIFIED EMPLOYEES

INSTRUCTIONS

This form must be completed and approved **in advance**, before additional time is assigned and/or worked (**except for in circumstances when the work needed is time sensitive or for emergency purposes**).

- 1) **PART I:** Must be completed and signed by the Department Head or the Department Head's Designee. The Department Head should inform the Office of Human Resources who their chosen Designee is before granting the authorization to approve overtime.
- 2) **PART II:** Must be read, completed and signed by the Employee.
 - a) The Employee has the option of paid compensation or compensatory time. The Employee must choose one.
 - b) The Employee should return the request to the Department Head or the Department Head's Designee.
 - c) The Department Head or their Designee must send the request form to the Area VP or the Area VP's Designee for approval, **if cash compensation is chosen** (if comp. time is chosen skip Part III).
- 3) **PART III:** Must be signed by the Area VP or the Area VP's Designee **ONLY** if cash compensation is chosen, then returned to the Department Head and the Employee. The Area VP should inform the Office of Human Resources who their chosen Designee is before granting the authorization to approve overtime.
- 4) The Department Head must forward a copy of the approved request to the AVP of Budget.
- 5) The Employee must attach the approved request form to the corresponding timesheet.

REQUEST FOR APPROVAL OF COMPENSATED OVERTIME FOR FULL-TIME CLASSIFIED EMPLOYEES

This form must be completed by the supervisor **in advance**, before additional time is assigned and/or worked (**except for in circumstances when the work needed is time sensitive or for emergency purposes**). All approved requests for overtime/compensatory time must be submitted with the employee's corresponding timesheet. Cash compensation for overtime can be granted with the prior written authorization from the divisional Vice President or the Vice President's Designee. Upon mutual agreement of an employee and supervisor, compensatory time may be granted for overtime, within the stated guidelines, without authorization from the divisional Vice President. Overtime and compensatory time may be assigned in 15 minute increments.

PART I: FOR DEPARTMENT HEAD:

Employee's Name _____ Title _____

Department _____

Pay period date _____ through _____ Overtime is: Voluntary Mandatory

Reason for overtime (Indicate emergency nature, special event, staff shortage, potential losses to property, inconvenience to public, potential loss of revenue, legal requirements etc.) _____

Payroll Week 1	Date	Start Time	Break-Time Out	Break-Time In	End Time	Total Hours	Payroll Week 2	Date	Start Time	Break-Time Out	Break-Time In	End Time	Total Hours
Sunday:							Sunday:						
Monday:							Monday:						
Tuesday:							Tuesday:						
Wednesday:							Wednesday:						
Thursday:							Thursday:						
Friday:							Friday:						
Saturday:							Saturday:						

***Only record additional approved time (i.e. if your regular workday is 9-5 but you work 9-8, only record 5-8 on this form).**

Time off for meal periods shall not be computed as overtime.

I certify that: The work to be performed could not be accomplished during regular work hours.

OR

The extra pay for this special assignment is mandated by contract.

Department Head's Signature or Designee _____ Date _____

PART II: FOR EMPLOYEE:

THE WHITE COLLAR AGREEMENT and the BLUE COLLAR AGREEMENT, ARTICLE VIII – OVERTIME, SECTION 2(d) states: "Upon mutual agreement of the employee and the designee of the College President, for any particular work week, the overtime compensation provided...shall be granted in compensatory time off in lieu of cash..." Compensatory time is recorded for each quarter (September-November; December-February; March-May; June-August). Use of compensatory time must be scheduled and approved to be taken by the supervisor, in consultation with the employee, and noted on the timesheet. All compensatory time off must be taken by the affected employee within the following three (3) months; unused compensatory time will be forfeited. However, if the College President or the President's designee calls upon an employee not to take the compensatory time off or any part thereof within three (3) months, that portion shall be carried over until such time as it can be liquidated or paid out in cash to the employee at the College's discretion. For all employees who work authorized overtime not compensated for in cash, a meal allowances shall be given in the amounts provided in the respective contracts (Article VIII Section 8). Time off for meals shall not be computed as overtime. However, such time off shall not affect the continuity requirement for the meal allowance.

Please choose one of the following: PAID OVERTIME COMPENSATORY TIME OFF

I have read and understand the Request for Approval of Compensated Overtime Form:

Employee's Signature _____ Date _____

PART III: *Area Vice President's signature only needed for cash compensation:

Area VP's Signature/Provost or Designee _____ Date _____