



COMPENSATORY/OVERTIME ELECTION FORM

Please reference the HR Time Records for Non-Exempt Employees policy on the staff website for details on overtime and compensatory time.

EMPLOYEE NAME: _____

SUPERVISOR: _____

I request my worked hours over 40 per week (Sunday-Saturday) be paid as:

- COMPENSATORY TIME** (hours over 40 accrued as comp time at 1.5 times hours worked)
- OVERTIME*** (paid at 1.5 times hourly rate)

*Departmental default unless compensatory time election made.

I have discussed this request with my supervisor. This request supersedes all other directives regarding payment of overtime. Effective date of this request will be the first day of the new pay period (Sunday) following the receipt of this request.

 Employee Signature Date

 Supervisor Signature Date

Please deliver to HBHR.

Date received by HBHR: _____

HBHR

 HBHR Signature Change Effective Date