Section 15.04 Appendix D - Overtime Designation Form

OVERTIME DESIGNATION FORM

<u>Purpose</u>: This form is to be used whenever an employee has worked overtime hours and would like to retain the hours in their compensatory time bank instead of being paid overtime wages. Completed forms must be submitted to the Finance Department by the last day of the pay period or sooner. Any overtime hours not designated will be automatically paid to the employee.

| Employee Name: | | Department: | |
|---|------------------------|------------------|-------------------------|
| Date | Hours | Reaso | n/Purpose |
| | | | |
| Total overtime hours worked Total hours requested to be | | (straight time,) | h 30. minute incomente) |
| Total hours requested to be Overtime will be paid at applicable rate 1 | • | | |
| Employee Signature | | Date | |
| Supervisor Signature | | Date | |
| Finance Use Only: | Straight-Time Extended | Confirmed/Posted | |
| Total Overtime Hours: | | | |
| Accrued Comp Time: | | | |