

College

HEO OVERTIME / COMPENSATORY TIME FORM

This form must be completed by the Supervisor in advance, before excess time is worked beyond the 35-hour work week, and must include the signature of the President's designee. In situations where it is not practical for the supervisor to complete the form in advance, *i.e.*, in an emergency, the form should be completed as soon as possible, within the bi-weekly period in which any urgent or emergency situations occur, barring extraordinary circumstances.

If the hours assigned are changed, a revised form should be signed by the supervisor. The employee must submit the forms, along with the Full-time Non-Teaching Instructional Staff Timesheet, to HR or as required by the College timekeeping system.

Employee Name	<input type="text"/>	Title	<input type="checkbox"/> Higher Education Officer
Functional Title	<input type="text"/>		<input type="checkbox"/> Higher Education Associate
Department	<input type="text"/>		<input type="checkbox"/> Higher Education Assistant
Regular Assigned Work Schedule	<input type="text"/>	to	<input type="text"/>
		FLSA Status	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt

Additional Work Hours Assigned:				Meal Break* See Instructions		
Date	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>	Enter mins. <input type="text"/>
Date	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>	Enter mins. <input type="text"/>
Date	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>	Enter mins. <input type="text"/>
Date	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>	Enter mins. <input type="text"/>
Date	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>	Enter mins. <input type="text"/>
Date	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>	Enter mins. <input type="text"/>
Date	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>	Enter mins. <input type="text"/>

Reason for extended hours

I assigned this employee to work the extended hours as noted and approve that it be accrued as compensatory time or overtime, based on the employee's title and FLSA designation.

Name of Supervisor	<input type="text"/>	Signature	_____	Date	_____
Name of Vice President/ Dean/President's Designee	<input type="text"/>	Signature	_____	Date	_____

**Office of Human Resources /
Timekeeping Staff** **Compensatory Time Accrued** **Overtime accrued**

Name **Signature** _____ **Date** _____

Attach the originals to the Non-Teaching Instructional Staff Time Sheet. Copies should be kept by the employee and in the department.

COMPLETING THE HEO OVERTIME/COMPENSATORY TIME FORM

- **This form is to be used for submission of approved assigned Overtime / Compensatory Time.**
- **This form must be completed by the Supervisor in advance, before excess time is worked beyond the 35-hour work week, and must include the signature of the President's designee.**
- **If more than one form for one week is signed by the supervisor, the employee must attach all signed HEO Overtime/Compensatory Forms to their bi-weekly timesheet.**

ELIGIBILITY:

FLSA Non-Exempt represented HEO title series employees (most Assistant to Higher Education Officers and Higher Education Assistants) are entitled to receive compensatory time for assigned hours worked between 35 and 40 hours on an hour-for-hour basis.

All FLSA Non-Exempt employees are entitled to receive payment, instead of compensatory time, at the rate of time-and-a-half for hours worked in excess of 40 hours in a week.

FLSA Exempt represented HEO title series employees (most Higher Education Associates and Higher Education Officers) are entitled to receive compensatory time for all assigned hours worked in excess of 35 hours on an hour-for-hour basis.

DIRECTIONS FOR THE SUPERVISOR

College:	Use Drop Down Menu to select college
Employee Name:	Enter First Name, Middle Initial, Last Name
Functional Title:	Enter Functional Title of Employee
Supervisor Name:	Enter First Name, Last Name of Immediate Supervisor
Department:	Enter Name of the Department where the employee's primary job is located
Regular Assigned Work Schedule:	Enter the regular assigned work schedule for the employee; e.g., 9 a.m. to 5 p.m.
Title:	Check the appropriate box
FLSA Status:	Check the appropriate box. If you do not know the FLSA status of the employee, please contact your HR Office
Date:	Select date from the drop down calendar
Work Hours Assigned:	Enter Beginning Time of hours approved for Overtime/Compensatory Time Use the drop down box to the right to indicate A.M or P.M. Enter End Time of hours approved for Overtime/Compensatory Time Use the drop down box to the right to indicate A.M or P.M.
*Meal Break:	A meal break of at least 30 minutes or 1 hour must be taken by the employee and recorded if the hours assigned correspond to a regular work day. An additional 20-minute meal break is to be scheduled between 5 p.m. and 7 p.m. if the hours assigned extend the workday from before 11 a.m. to after 7 p.m.
Reason for extended hours:	Enter reason for working the extended hours To the extent possible, the supervisor shall provide the employee with 48 hours' notice of the assigned overtime
Name of Supervisor and Signature	Enter name, sign and date Your signature represents - prior written authorization from the President's designee, or as soon thereafter as practicable, in an emergency situation - prior approval of the hours entered, or as soon thereafter as practicable, in an emergency situation

Directions for President's Designee / Vice President/ Dean:

Enter name, sign and date
Your signature represents authorization to the immediate supervisor to approve overtime hours

Directions for Office of Human Resources: Timekeeping Staff

Enter Total Compensatory Time accrued for the week
Enter Total Overtime accrued for the week
Review in conjunction with the bi-weekly timesheet, as attached
Enter name, sign and date