



## Overtime, Out-of-Title Pay (8%), and Compensatory Time Request Form

Fill in the information below and return the form to the Personnel Office, Elston Hall, Room 126.

Employee Name \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Employee Supervisor \_\_\_\_\_ Title \_\_\_\_\_

How many hours does the employee work per week? \_\_\_\_\_ Budget Code \_\_\_\_\_

**Employee Status: Check all categories that apply:**

**Professional** \_\_\_\_\_  
Full-time (35 hours) \_\_\_\_\_  
Part-time (up to 20 hours per week) \_\_\_\_\_

**Civil Service** \_\_\_\_\_  
**Support staff**

Full-time (35 hours per week) \_\_\_\_\_  
Part-time (17 hours per week) \_\_\_\_\_  
Part-time (17.50 hours per week) \_\_\_\_\_

**Maintenance**  
Full-time (40 hours per week) \_\_\_\_\_  
Part-time (19.50 hours per week) \_\_\_\_\_

**Please provide justification for requesting additional compensation to include specific date(s) and time(s).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Numbers of additional hours requested: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Does this create an overtime event (40+ hours per week)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the department budget support the request? **Check only one:** Yes: \_\_\_\_\_ No \_\_\_\_\_

**All signatures are required for an approval.**

1) Supervisor \_\_\_\_\_ Date \_\_\_\_\_

2) Appropriate Vice President/Dean \_\_\_\_\_ Date \_\_\_\_\_

3) Vice President of Administration \_\_\_\_\_ Date \_\_\_\_\_

4) Executive Director of Human Resources \_\_\_\_\_ Date \_\_\_\_\_

5) President \_\_\_\_\_ Date \_\_\_\_\_