



AFSCME Compensatory Time Request Form

All overtime for employees must be approved in advance of the employee working the overtime. AFSCME employees can request to receive compensatory time in lieu of premium overtime; however, this approved form must be completed and on file in order for that to occur. This form should be completed each term and will remain on file. It can be revoked in writing at any time, should the employee desire premium overtime pay. If the form is not completed, then it is assumed that premium overtime pay is preferred.

By required mutual agreement between the supervisor, the union, and the employee involved, I (insert name) _____ working in the department of _____ voluntarily request to receive compensatory time in lieu of premium overtime pay during the period of _____ in the year _____ .

Employee's Signature

Date

Supervisor's Signature

Date

Union Representative's Signature

Date

The original form must be submitted to the Office of Human Resources, G8 Sutton Hall, prior to the employee working the overtime. Forms received without the appropriate approval will be returned to the employee.

For Human Resources Use Only

Employee Relations Director

Date