

## Request For Compensatory Time in Lieu of Paid Overtime

For AFSCME Unit Member

Request for Compensatory Time Off in Lieu of Paid Overtime (Article X: Section 2 B)

Date Submitted:

FROM:  (Name of Employee Requesting Compensatory Time Off)

HRCMS Employee Number **(REQUIRED)**

Reason for Overtime

Day Worked	Date	Time Worked	Total Hours Worked	Meals Reimbursement (For Payroll Use)	Shift (For Payroll Use)

Total hours:

\* Number of hours must be expressed in units of half and/or full hours

Shift and Meals Budget Cost Number (Required):

\* To be entitled to a reimbursement for meals expense you must have actually taken a meal period.

For this total number of hours I am requesting compensatory time off, computed at time and one-half; in lieu of paid overtime.

**NOTE: After the AFSCME Unit Member has completed the top section of this form it must be e-mailed to the Unit Member's appropriate Supervisor for approval.**

**As this AFSCME unit member's supervisor, I understand that under the contract this unit member may not have more than two hundred (200) hours of accrued compensatory time to his/her credit**

Approved:

**Signature of Supervisor (must not be an AFSCME Unit Member)**

**NOTE: AFTER THIS FORM HAS BEEN APPROVED IT MUST BE MAILED TO THE PAYROLL OFFICE**