

**STATEMENT OF COMPENSATORY TIME EARNED
(For MCCC/MTA Professional Staff Members Only)**

MEMORANDUM:

To: (Appropriate Director, Assistant Dean, Dean or Vice President)

From: (Name of MCCC/MTA Professional Staff Member)

Subject: Compensatory Time Earned - Article XII:12.04 (C4)

Date Submitted:

HRCMS Employee ID Number: (Required)

Reason For Overtime:

Day Worked	Date	Time Worked	Total Number of Hours Worked

Total:

*Number or hours must be expressed in units of half and/or full hours, nothing smaller.

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

For this total (X) hours (Name of MCCC/MTA Professional Staff Member) should

be credited with an amount of compensatory time equal to 1.5 times the number of extra hours worked beyond 37.5 hours. As this MCCC/MTA Professional Staff Member's Supervisor, I understand that under the contract this compensatory time earned must be taken by the Unit professional staff member within sixty (60) working days of the date earned subject to mutual agreement between the professional staff member and the President of the College or his/her designee.

Approved:

(Signature of Appropriate Director, Assistant Dean, Associate Dean, Dean or Vice President)

NOTE: AFTER THIS FORM HAS BEEN APPROVED IT MUST BE MAILED TO MARIE BURCHELL