

BLUEFIELD STATE COLLEGE COMPENSATORY TIME/OVERTIME REQUEST FORM

Instructions: The Compensatory Time/Overtime Request Form is to be completed *before* any non-exempt employee performs work beyond their regular work schedule. Please complete this form, and obtain all approval signatures before any overtime is worked.

Compensatory time and/or overtime must be **PRE-APPROVED** before any work is to be performed beyond 37.5 hours in a workweek.

The form applies to non-exempt classified and non-exempt non-classified staff positions only.

Overtime Provisions:

Supervisory personnel may assign overtime to non-exempt employees. However, non-exempt employees are not permitted to work overtime without prior written approval from their immediate Supervisor, their Cabinet-level Administrator, and from the Vice President for Financial and Administrative Affairs, or designee.

1. If overtime is approved, the non-exempt employee may choose to receive overtime pay or Compensatory Time Off (CTO) in lieu of overtime pay.
 - a. If overtime pay is approved, a non-exempt employee will be eligible for overtime for actual hours worked beyond 37.5 hours per workweek and up to 40 hours at the overtime straight rate, and overtime at the time and a half rate for actual hours worked beyond 40 hours in a workweek.
 - b. If Compensatory Time Off is chosen, a non-exempt employee will be eligible for compensatory time for actual hours worked beyond 37.5 and up to 40 hours at an hour-for-hour rate, and overtime at the compensatory time and a half rate for actual hours worked beyond 40 hours in a workweek. In general, non-exempt employees may accumulate up to two hundred forty (240) hours of compensatory time and will be paid for all hours worked above the maximum accrual. Non-exempt employees in public safety, seasonal work, and/or emergency response categories may accumulate up to four hundred eighty (480) hours of compensatory time and will be paid for all hours worked above the maximum accrual. Compensatory time is to be used within one year of accrual. A non-exempt employee may at any time request to be paid for accumulated compensatory time.
2. All non-exempt employees are required to maintain individual time records of hours worked. Non-exempt employees are to record their starting time, time out for lunch, time in from lunch, quitting time, and total hours worked for each day in KRONOS.
3. Time records are to be verified by the supervisor as required.
4. Non-exempt employees at BSC are required to take a scheduled lunch period if working 6 or more hours in a workday.
5. BSC policy references include BSC Policy No. 17 Classified Employees, and BSC Policy No. 25 Personnel Administration, available at <http://bluefieldstate.edu/bog-policies>.
6. If requesting overtime, please complete form on reverse side.

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SECTION I (to be completed by the Immediate Supervisor): Explain in detail why the overtime is necessary, the duration and amount of the overtime requested, and the employee assigned to perform the overtime.

Reason for the requested overtime: _____

Employee Name: _____ Employee BANNER #: _____

Employee Job Title: _____ Location: _____

Dates of overtime. From: _____ To: _____ Number of hours requested: _____

Fund/Org Code (REQUIRED): _____ Total \$ Amount to be Encumbered: _____

Immediate Supervisor Signature: _____ Date: _____

SECTION II (to be completed by the Employee): Employee's signature acknowledges the Bluefield State College overtime provisions and the overtime assigned. Employee selects overtime pay or Compensatory Time Off (CTO) in this section.

Select One:

_____ **I elect overtime pay** for any overtime performed, and I have read the overtime provisions as indicated relative to the overtime work to which I have been assigned.

_____ **I elect Compensatory Time Off** in lieu of pay for any overtime performed, and I have read the overtime provisions as indicated relative to the overtime work to which I have been assigned.

Employee Signature: _____ Date: _____

SECTION III: APPROVALS - Please obtain required approvals in the numerical sequence indicated.

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| 1. Dean/Director (of requesting department) Date | 2. Cabinet Level Administrator Date |
| 3. Department Head, Title III Date
(# 3 applies to Title III Partial- or Fully-funded positions) | 4. Vice President for Financial & Administrative Affairs Date |

Office of the Vice President for Financial & Administrative Affairs is to send Signed Original to the Payroll Office, and copies to:

- Supervisor for Department File. (Supervisor is also to Provide Copy to Employee); and to
- Office of Human Resources for copy to Employee's Personnel File