

BLUEFIELD STATE UNIVERSITY OVERTIME/COMPENSATORY TIME REQUEST FORM

Instructions: The Overtime/Compensatory Time 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.

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

This form applies to 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 Master Controller, 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. Nonexempt 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 BSU are required to take a scheduled lunch period if working 6 or more hours in a workday.
5. BSU policy references include BSU Policy No. HR 703 Employees, and BSU Policy No. HR 706 Personnel Administration, available at <https://bluefieldstate.edu/resources/board-governors/policies>.
6. If requesting overtime, please complete form on reverse side.

BLUEFIELD STATE UNIVERSITY OVERTIME/COMPENSATORY TIME REQUEST FORM

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.

Justification 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 University 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 above 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 above 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.

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. Master Controller _____ Date _____

5. Human Resources Director or Designee _____ Date _____

The Office of the Master Controller is to send Signed Original to the Payroll Office, with copies to:

- Supervisor for Department File (the Supervisor is to provide a copy to the Employee); and to
- Office of Human Resources for copy to Employee's Personnel File