

**BEVILL STATE COMMUNITY COLLEGE
OVERTIME WORK REPORT**

I. Employee _____ Emp. # _____

Overtime Reason _____

Estimated Dates/Times _____

Maximum number of Extra Hours to be Worked _____

The employee and the supervisor agree and request that the overtime be treated in the following manner (check one)

_____ Employee will receive compensatory time at 1½ times the rate of actual overtime hours worked.

_____ Employee will receive overtime pay at 1½ times his/her normal hourly rate for each hour of Overtime work performed.

_____ Employee chooses to decrease hours worked in a workday later in the same workweek on an hour-to-hour basis.

Signature of Supervisor who determined
Overtime need and made the request

Signature of Employee who agrees to work
overtime as reflected above

II. Business Office Verification (check appropriate statement(s):

_____ Employee will have less than 240 hours of compensatory time accumulated after this overtime work and may receive compensatory time.

_____ Employee has accumulated 240 hours of compensatory time and must receive overtime pay.

_____ Department budget has sufficient funds available for overtime pay.

_____ Department budget does not have sufficient funds available for overtime pay.

Comments _____

Verified by _____

III Actual number of hours worked beyond the normal 40-hour week or hours for which overtime compensation is appropriate (for example, working on a holiday) _____

Actual dates/Times _____

Supervisor's Signature

Employee's Signature

Date

*Submit one copy, upon completion of overtime work, to Business Office, Supervisor, and Employee each retain a copy for their file