



Monthly Request for Overtime Compensation (LEAVE HOURS) for Non-Exempt Personnel

Department/Unit: _____

Employee Name: _____ Title: _____
Last First

Employee's A-Number: _____

Supervisor Name: _____ Pay Period: _____
Last First Month Year

Instructions: This must be completed and submitted for non-exempt personnel to receive overtime compensatory leave hours in lieu of overtime pay. Document the date (month and year) and number of overtime hours (e.g., hours in excess of forty (40) per week) that the employee worked on that date and multiply the total number of overtime hours worked per day by one and one half (x1.5). Calculate the sub-total of compensatory leave hours earned per week to determine the monthly grand total of overtime compensatory leave hours earned. **The Personnel Action Form indicating the number of compensatory leave hours earned and Monthly Time Record for Non-Exempt Personnel Form must be submitted to the Office of Human Resources with this form for non-exempt employees to receive overtime compensation.**

WEEK 1 Date (Mo/Yr)	No. of Overtime Hours	x 1.5	Overtime Comp. Leave Hours Total
Sun.		x 1.5	
Mon.		x 1.5	
Tues.		x 1.5	
Wed.		x 1.5	
Thurs.		x 1.5	
Fri.		x 1.5	
Sat.		x 1.5	

TOTAL HOURS: _____

WEEK 4 Date (Mo/Yr)	No. of Overtime Hours	x 1.5	Overtime Comp. Leave Hours Total
Sun.		x 1.5	
Mon.		x 1.5	
Tues.		x 1.5	
Wed.		x 1.5	
Thurs.		x 1.5	
Fri.		x 1.5	
Sat.		x 1.5	

TOTAL HOURS: _____

WEEK 2 Date (Mo/Yr)	No. of Overtime Hours	x 1.5	Overtime Comp. Leave Hours Total
Sun.		x 1.5	
Mon.		x 1.5	
Tues.		x 1.5	
Wed.		x 1.5	
Thurs.		x 1.5	
Fri.		x 1.5	
Sat.		x 1.5	

TOTAL HOURS: _____

WEEK 5 Date (Mo/Yr)	No. of Overtime Hours	x 1.5	Overtime Comp. Leave Hours Total
Sun.		x 1.5	
Mon.		x 1.5	
Tues.		x 1.5	
Wed.		x 1.5	
Thurs.		x 1.5	
Fri.		x 1.5	
Sat.		x 1.5	

TOTAL HOURS: _____

WEEK 3 Date (Mo/Yr)	No. of Overtime Hours	x 1.5	Overtime Comp. Leave Hours Total
Sun.		x 1.5	
Mon.		x 1.5	
Tues.		x 1.5	
Wed.		x 1.5	
Thurs.		x 1.5	
Fri.		x 1.5	
Sat.		x 1.5	

TOTAL HOURS: _____

MONTHLY TOTAL OF COMPENSATORY LEAVE HOURS EARNED: _____

APPROVALS:

[1] Employee Date

[2] Supervisor Date

[3] Human Resources Date

[4] Payroll* Date

*Approval of form and recordation of compensatory leave hours in Banner System.