Non-Exempt Compensatory Time

OR

Overtime Cash Compensation Election Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DMA Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Per DMA policy #3-0210, Overtime & Non-exempt Compensatory Time: Employees are provided a choice of nonexempt compensatory time or overtime cash compensation at the time of hire or when an employee is promoted to a new position. This signed election form is maintained in the payroll files. Employees may change their election once every 12 months. It is the employee’s responsibility to initiate the change. Nonexempt compensatory time or overtime must be recorded on each time sheet at the time it is earned.

\_\_\_\_ I hereby request Overtime cash compensation.

\_\_\_\_ I hereby request to accrue Non-exempt compensatory time.

This election will be in effect on the date shown above. I understand and agree this election remains valid for twelve consecutive months.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Division Administrator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Employee: Please sign, obtain signatures, and submit to Director’s Office Payroll.