

**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 if the accumulated compensatory hours balance is over 80 hours.

\_\_\_\_\_ 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 80 hours of compensatory time accumulated after this overtime work and may receive compensatory time.

\_\_\_\_\_ Employee has accumulated 80 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