

ESP / NEA / Council 94 / Nurses
Compensatory Time/Overtime Election Form
REQUEST TO CHANGE PAY STATUS

Employee Name:

Employee ID Number:

Employee Payroll Account #:

I elect to receive hours worked in excess of my regularly scheduled work week as:

☐ Compensatory Time

☐ Paid Overtime

I understand that the election I make will effect the entire pay period.

Employee's signature

Date

Supervisor's signature

Date

This form must be in the Payroll Office two working days prior to the "time due" date listed on the faculty/staff biweekly payroll schedule. Forms received after that date will result in a pay period delay in activating the requested change. There will be no retroactive changes to your comp time or overtime pay due to the late submission of this form.

There is no need to submit a form for each pay period. Your election will carry forward until you decide to change your pay status again. If you wish to change your status at a later date, you must submit a new Request to Change Pay Status form.