

**DIVISION OF NATURAL SCIENCES**  
**Request for Overtime or Additional Time – for Clerical (CX) Employees**

**Section I: [To be completed by Supervisor and Employee]**

Employee's Name \_\_\_\_\_ Title: \_\_\_\_\_

This is a request for:

- OVERTIME** (over 40 hrs/wk)  
 **ADDITIONAL TIME** (for part-time staff to increase hours but remain below 40 hrs/wk) – *This time must be compensated with pay.*

- 1) This request is for the period beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_ (End date may not exceed the current fiscal year end date, i.e. 6/30/xx)
- 2) Average overtime/additional hours expected to be worked each month \_\_\_\_\_
- 3) Total overtime/additional hours expected to be worked for the entire period \_\_\_\_\_
- 4) If compensating with time off, indicate when it is expected that time off will be taken. (*Divisional preference is that comp time be used within 6 months of accrual.*)
- 5) Justification for overtime/additional time. \_\_\_\_\_

Employees who completed a CTO (Compensatory Time Off) Election Form at the time of hire or during the last election period have the option of choosing CTO or pay as a method of compensation for the overtime worked during the period indicated on this form. Indicate below the method of compensation you choose. Note: Employees who did not complete a CTO Election Form must be paid for any OT worked.

I agree to be compensated for overtime worked during the period noted under #1 above by:  **CTO**     **Pay**

**SIGNATURE:** \_\_\_\_\_  
**Employee Signature** **Date**

**APPROVED:** \_\_\_\_\_  
**Supervisor's Signature** **Date**

**SUBMIT THIS REQUEST TO THE NATURAL SCIENCES BUSINESS OFFICE**

**Section II: [For Business Office Use]**

Balances as of \_\_\_\_/\_\_\_\_/\_\_\_\_    Comp time: \_\_\_\_\_ hours    Vacation: \_\_\_\_\_ hours

CTO election form on file?  Yes     No (*if no CTO election form is on file, overtime must be compensated with pay*)

Accountant approval (initials): \_\_\_\_\_ (*Research Accountants see all requests; Divisional Accountants see only those for additional time or overtime for pay.*)

**Divisional Office Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date copies of approved form returned to supervisor and employee: \_\_\_\_/\_\_\_\_/\_\_\_\_

Retain original and  record on Payment Record     record in TMS     file with T&A records

**Notes to supervisor and employee after divisional concurrence:**

- 1) **Comp time off balance should not exceed \_\_\_\_\_ hours at any time during this period.**
- 2) **The division's preference is that comp time be used within 6 months of accrual.**
- 3) **When scheduling time off, please use comp time prior to using vacation (unless vacation is at maximum).**
- 4) **If this request covers an extended period (e.g., 6 months), supervisory approval is always required in advance of actually working any overtime.**
- 5) **Other conditions**