

# Red Rocks Community College

## Overtime/Compensatory Time Agreement & Request for payout

Employee name \_\_\_\_\_ S# \_\_\_\_\_

### Overtime Requested:

Date overtime to start \_\_\_\_\_ Time \_\_\_\_\_

Date overtime to end \_\_\_\_\_ Time \_\_\_\_\_ Hours of overtime requested \_\_\_\_\_

Reason overtime is necessary \_\_\_\_\_  
\_\_\_\_\_

Time taken as:      Comp Time      OR      Overtime paid out

### Request for payout of Comp time balance:

**Total Comp time Balance Pay Out** \_\_\_\_\_ **Total Overtime Pay Out** \_\_\_\_\_

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

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Vice President \_\_\_\_\_ Date \_\_\_\_\_

Human Resources \_\_\_\_\_ Date \_\_\_\_\_

### Instructions:

- This procedure is available and applies to non-exempt employees only.
- Overtime work is paid at the rate of 1-½ times the regular hourly rate for every hour worked over the 40-hour work-week.
- Weeks that include a holiday, sick, sick relative, annual, funeral or administrative leave will be considered straight time unless more than 40 hours are physically worked.