



Department of Human Resources - Agency Resource Center

COMPENSATORY OR CASH OVERTIME REQUEST

Department Requesting Change: _____

Type of Change (check beside one):

_____ Compensatory Time in lieu of Cash

I agree to accept compensatory time in lieu of cash payment for overtime worked as of the beginning date of _____. (Date must be on a Sunday and no earlier than current pay period being processed)

_____ Cash in lieu of Compensatory Time

I agree to accept cash payment in lieu of compensatory time for overtime worked as of the beginning date of _____. (Date must be on a Sunday and no earlier than current pay period being processed)

Employee Name (print) _____

Employee Payroll Title _____ Class Code _____

Employee Edison ID _____ Pay Group (e.g., 7SS, 28A or 28B) _____

FLSA Status (Non-exempt, No FLSA, *Executive) _____

Social Security Number _____

Employee's Signature

Date

Supervisor's Signature

Date

Exception Rules: If the request is an exception to overtime rules, the exception must be recommended by the appointing authority and approved in advance by the Department of Human Resources. Attach a copy of the document giving permission for the exception.

FLSA Defined: Non-exempt (Cash eligible); No FLSA (Comp eligible); *Executive (not eligible to receive any overtime)

*Executive – is an exemption defined by FLSA rules and is not the same as Executive Service