

OVERTIME COMPENSATION ELECTION FORM

For the following Employee Groups: 99, EX, K7, NX, PA

If you wish to make a change to your current overtime compensation election, please indicate the change below, sign, and submit this form to your supervisor for signature. Submit the completed and approved form to your Staff HR Operations Specialist.

Please note:

- The effective date of this election will be the first pay period following receipt in Staff HR of your completed and approved election form.
- All overtime must be pre-approved by your supervisor prior to being worked.

I wish to be compensated for overtime in the form of compensatory time off (CTO).

I wish to be compensated for overtime in the form of pay.

Unit Name

Employee Signature

Date

Print Name

Supervisor Signature

Date

Print Name