

# OVERTIME COMPENSATION ELECTION FORM

*For use during on-boarding*

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Please indicate your preference for overtime compensation below, sign, and submit this form to your supervisor for signature. Submit the completed and approved form to your **Staff HR Operations Specialist** within 30 days of hire. If you do not return this form, your overtime will be compensated with pay.

**Please note:**

- 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