

YUBA COUNTY OFFICE OF EDUCATION
CLASSIFIED EMPLOYEE
COMPENSATORY TIME OFF FORM

Employee: _____ Location: _____

Position: _____ Date: _____

Date(s) and reason for additional regular time or overtime:

Date(s): _____	Reason: _____
_____	_____
_____	_____

COMPENSATORY TIME COMPUTATION:

Employees that work less than 7.5 hours per day, fill out #1 (and #2 if applicable)

Employees that work 7.5 hours per day, fill out #2 only

1. REGULAR TIME (up to 7.5 hours per day)

Hours Worked = Compensatory Time

2. OVERTIME

_____ Hours Worked	X	_____ Overtime Factor (Times 1.5 or 2)	=	_____ Total Compensatory Time
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ARTICLE VI – HOURS AND OVERTIME

- G. Authorization for overtime work must have the approval of the department head.
- H. Overtime is defined to include time worked in excess of seven and one-half (7 ½) hours in a day or in excess of thirty-seven and one-half (37 ½) hours in a calendar week.
- I. An employee may request compensatory time off in lieu of salary for approved overtime work. The request shall be submitted to the department head and must have the approval of the Director of Human Resources.
- J. When compensatory time off is authorized in lieu of cash compensation, such compensatory time off shall be granted within twelve (12) calendar months following the month in which the overtime was worked and without impairing the services rendered by the County Office.

AUTHORIZATION FOR ADDITIONAL TIME WORKED

Prior authorization for additional time worked must be obtained from the supervisor.

LEAVE REQUESTS

Request for use of compensatory time off must be submitted on a Temporary Leave of Absence Request Form. The category would be “other” with the explanation of “compensatory time.”

Employee’s Signature

Supervisor’s Signature

Director of Human Resources

cc: Employee
Supervisor
Personnel File

03/21/07