

## OVERTIME/COMPENSATORY TIME HEO Series

**INSTRUCTIONS:** Please complete both portions before submitting to the Office of Human Resources: ***Request Form*** portion and the ***Record Keeping*** Portion.

**Part 1: Request Form-** per the HEO agreement, compensatory and overtime are to be requested/assigned and approved in advance. Please enter the anticipated date(s) and time(s) of work. For example, for someone normally working M-F 9a-5p, asked to work until 7pm, the request would be for 5p to 7p. Please complete this portion of the form first. (Note: **all approvals including VP approval and signature**, on the request portion should be prior to the dates on the record keeping portion.

**Part 2: Record Keeping Form-** Please enter the dates and times of work for all days during the week the comp time or overtime is earned. Please deduct lunch and any other breaks before adding up total hours worked. Both portions should be submitted to HR once the overtime has been worked.

For exempt employees [Higher Ed Asst. (HEa), Higher Ed Assoc. (HEA), and Higher Ed Officer (HEOs)], compensatory time is counted after **35** hours worked per week. For non-exempt employees (Asst. to HEO (aHEO) and Higher Ed Asst. (HEa), compensatory time is counted for hours worked between 35-40 hours and they are eligible for *cash overtime payment* for hours (worked) exceeding **40** in a work week.

Please note: For the earning of **Compensatory Time** or **Overtime Pay (non-exempt)**: paid Annual Leave, paid Temporary Disability Leave, Unscheduled Holiday, or other paid leave time is **NOT** counted to determine if the employee has met the 40 hour per week threshold for FLSA, as these are based on actual hours physically worked.

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## OVERTIME/ COMPENSATORY TIME FORM PART 1 (REQUEST) HEO Series

Employee EMPLID (CUNYFirst): \_\_\_\_\_ \*\*Employee Payserv NO \_\_\_\_\_

Employee Name: \_\_\_\_\_ Dept./Division: \_\_\_\_\_

Date(s): overtime is assigned for:

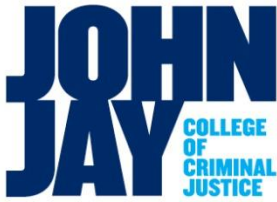
Day of the week	extra hours (for ex. 5p to 7p) (over 7 in a day/hours on a reg. day off)
Sunday	to
Monday	to
Tuesday	to
Wednesday	to
Thursday	to
Friday	to
Saturday	to

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
Divisional Vice President's Signature Date

\*\* Payserv N# is on all employee paystubs.



# OVERTIME/COMPENSATORY TIME FORM -PART 2 (RECORD KEEPING)

*HEO Series*

Employee's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Title: ☐ Asst. to HEO    ☐ HEO Asst. (FLSA: ☐ Exempt    ☐ Nonexempt)    ☐ HEO Assoc.    ☐ HEO

Date	Day	Time Actually Worked		Total Hours Worked (not including lunch)
		From	To	
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			

TOTAL HOURS WORKED this Week		Hrs.	<i>FLSA EXEMPT Staff are eligible for compensatory time for hours WORKED in excess of the regularly scheduled 35 hours per week</i>
COMPENSATORY Time (Total Hours Worked – 35 Hours)		Hrs.	
OVERTIME ( <i>NONEXEMPT STAFF ONLY</i> ) (Total Hours Worked – 40 Hours)		Hrs.	
<i>FLSA NONEXEMPT employees are eligible for Compensatory Time for time WORKED between 35 and 40 hours per week; and payment at the rate of 1.5 for time WORKED over 40 hours per week.</i>			<i>Holidays, Unscheduled Holidays, and Sick or Annual Leave do not count as time WORKED.</i>

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Divisional Vice President's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **\*\*Please Note\*\***

Compensatory time must be used within 30 days after the quarter in which it was earned.

COMP TIME EARNED DURING THIS PERIOD	EXPIRES ON
Q1: September 1 – November 30	December 30
Q2: December 1 – February 28	March 30
Q3: March 1 – May 31	June 30
Q4: June 1 – August 31	September 30

'Date' is to be filled out for the appropriate authorized 7-day work week Sunday at 12:01 AM through Saturday at Midnight.

'Total Hours Worked' is to be recorded in units not less than quarter hours.