

MILITARY DEPARTMENT

STATE EMPLOYEES' OVERTIME FORM FOR MANDATORY CASH OVERTIME EMPLOYEES

Pay Period _____ to _____ Location _____

Employee _____ S.S.N & Record # _____

Classification _____

Date	Time		Actual Hours Worked	Reason for Overtime
	Started	Finished		

Approve Overtime:

Supervisor's Signature and Date _____

Employees eligible for mandatory cash overtime pay may have their extra hours either paid to them in money or compensatory time for hours worked over 40 hours in a one-week period. It is the **employee's** choice. This is mandated by state law.

Employee, please indicate your choice

- Wish to be paid for hours worked overtime.
- Wish to receive compensatory time for hours worked overtime.

Employee's Signature and Date

Note: Whether you request pay or compensatory time, you will be paid at time and one-half rate for any hours worked over 40 in a one-week pay period.