



Classified Authorization to Work Overtime

IMPORTANT:

It is the employee's responsibility to turn in the completed timesheet to the department **by the 10th** of the following month.

COMPLETE PRIOR TO PERFORMING WORK

Name:	Job title:	Last Four digits of SSN:
Month/Year worked:	Department:	Total regular hours worked Per Week:
<input type="checkbox"/> Authorized to work Overtime (OT) For _____ additional hour(s) on (give dates - only one month per form): _____		
Reason: _____		
Employee signature: _____		Approved: _____
	Supervisor	Date
Approved: _____		Approved: _____
Department Head	Date	Division Head Date

Method of payment:

Payment*

*Payment will be based on the rate of the position designated at the top of this form

Compensatory time**

**Compensatory time off will be granted if approved by the Department Head and Division Head

COMPLETED AFTER WORK HAS BEEN PERFORMED (ACTUAL SERVICES RENDERED)

Dept. use only	Below section (s) to be completed by the employee:							Time Worked			
Budget line A, B, or C	Day M-Su	Day of Month 1-31	Description of work					Reg. hrs.	OT hrs.	From	To

Signature: _____ Verified by: _____ Total additional hours worked

Employee Date Department Head / Division Head Date

Signature: _____ Verified by: _____

Payroll Director Date Business Services Department Date

Budget	Fund	Resc	Py	Goal	Func	Obj	Sub Obj	Sch	Mgmt	Unit	Hours	Rate of Pay	Amount of Pay	Department Notes:	
A															
B															
C															

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Instructions for use:

Before performing work:

1. All overtime must be authorized **in advance** by your supervisor, Department Head, and Division Head.

Complete the top half of the form Before performing work.

2. Use one separate form **for each month for each department** in which you work. If you have multiple positions, use a separate form for **each job title** as well.

3. Write your name, job title of the position in which you are performing additional hours, last 4 digits of your Social Security Number, the month, year, and department in the designated spaces at the top of the form. Indicate your total regular hours for ALL positions. Indicate the total number of additional hours of work you are requesting, dates and reason for the additional work, and the requested method of payment(see right side of form).

4. Sign and turn in to your supervisor for signature **prior to performing the work**. Your supervisor will route the form for appropriate approvals and return the form to you.

After the work is completed:

5. Fill in the bottom section of the form. For each day you work overtime print the day of the week (M, T, W, TH, F, SA, SU), day of the month, the description of the work, the number of regularly scheduled hours you worked that day, and the number of additional hours worked.

6. Do not write anything in the shaded area designated for Department or Business use. Only write in the designated white section. If you need more rows complete a second form.

7. At the end of the month or at the time the overtime has been completed, add the number of overtime hours worked. Enter the total in the "total additional hours worked box, sign and date. Keep a copy for your records and return original to your supervisor for signature verification.

8. In order to be paid on the last working day of the following month, **it is your responsibility to turn in your completed form to your department by the 10th of the following month.**

9. Per CSEA Collective Bargaining Agreement 8.9.2:
"Compensatory time shall be taken at a time mutually acceptable to the employee and MCOE within the twelve (12) months of the date on which it was earned. MCOE shall pay the employee for all such time at the appropriate overtime rate based on the employee's rate of pay at the time it was earned."