

**COMMUNITY COLLEGE OF RHODE ISLAND
Overtime Request Form - ESPA Members**

OVERTIME MUST BE SUBMITTED & PRE-APPROVED
(2) TWO WEEKS PRIOR TO WORK PERFORMED

Employee Name: _____ CCRI ID # _____

OT Date:	Clock Hrs:	Reason for OT:	Fund #	Org #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employee's Home Department: _____ Fund# _____ Org# _____

Method of Compensation Requested: *(Check One)* Comp Time Pay Total Hours _____

Approved by: _____ Date: _____

FOR COMP TIME REQUESTS ONLY:

Excerpts from ESPA Contract:

9.A.4 Time and one-half shall be paid for work performed in excess of the established work week. However, in any event an employee may elect to take compensatory time at one and one-half (1-1/2) time, in lieu of cash, with the approval of a supervisor outside of the bargaining unit, such compensatory time shall be discharged within sixty (60) calendar days of time earned.

Approved by: _____ Date: _____

Administrative Use

Method of Compensation Approved:

- P = Pay
- CT = Comp Time

Approved by:

Office of the Vice President for Business Affairs Date

Complete form and forward original to the Payroll Office