

**ACT/NEA & COUNCIL 94
COMPENSATORY TIME/OVERTIME ELECTION FORM
REQUEST TO CHANGE PAY STATUS**

EMPLOYEE NAME _____

EMPLOYEE SSN _____

EMPLOYEE PAYROLL ACCT. # _____

I elect to receive hours worked in excess of my regularly scheduled work week as:

_____ COMPENSATORY TIME

_____ PAID OVERTIME

I understand that the election I make will effect the entire pay period.

Supervisor's signature

Employee's signature

Date

Date

This form must be in the Payroll Office on or before the date attendance reports are due. Forms received after that date will result in a pay period delay in activating the requested change. There will be no retroactive changes to your comp time or overtime pay due to the late submission of this form.

There is no need to submit a form for each pay period. Your election will carry forward until you decide to change your pay status again. If you wish to change your pay status at a later date, you must submit a new Request to Change Pay Status form.