

**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:

10.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 accrue compensatory time at one and one-half (1 1/2) time, in lieu of cash. Such compensatory time shall be discharged, with the approval of a supervisor outside of the bargaining unit, within eighty (80) calendar days of time earned. If the employee is not permitted to use compensatory time within eighty (80) calendar days, the college will pay the employee for that time.

Approved by: _____ Date: _____

Administrative Use

Method of Compensation Approved:

- P = Pay
- CT = Comp Time

Approved by:

Office of the VP for Finance & Strategy

Date

Complete form and forward original to the Payroll Office