

Policy: Overtime for Non-Exempt Personnel	Number: 608.05
Date Revised: 09-01-17	Supersedes: H-14
Cross Reference: <i>Alabama Community College System Policy 610.01</i>	Issued: 01-10-95

Overtime is defined as having engaged in on-duty work activities for more than 40 hours in a given week.

Non-exempt employees may, upon mutual agreement of the employee and the College, work more than forty (40) hours during a workweek.

These same employees may be required to work more than forty (40) hours in a workweek if (a) the College directs the employee to do so, **and** (b) an "emergency condition" exists at the College.

Compensation for overtime will be overtime pay or compensatory time off in one of the following forms:

1. The employee will receive compensatory time at one and one-half times the rate of actual overtime hours worked. Compensatory time should be used as quickly as possible.
2. The employee will receive overtime pay at one and one-half times his/her normal hourly rate only upon approval of the President.
3. If the employee uses compensatory or other leave time within the same forty-hour workweek as the overtime occurred, the rate will be hour-for-hour, rather than time and a half, except to the extent that the employee shall have worked (been on duty) over forty (40) hours in the week, not counting the compensatory and/or leave time.

You must work 40 hours before getting overtime. If you are off for holiday, you do not get overtime.

Before any employee engages in overtime activity for which compensation is expected, a request form must be completed and approved.

J.F. INGRAM STATE TECHNICAL COLLEGE
Support Staff Compensatory Time Request (E) Time & one-half

(MUST BE APPROVED IN ADVANCE)

NAME: _____ **DATE(s):** _____
Please type or print

I, _____, request approval to work on _____,
to complete _____, as assigned
by my supervisor. It is anticipated that the total hours worked will be no more than _____.

Employee Signature: _____ **Date Submitted:** _____

Recommended Approval by Supervisor: _____

Recommended Approval by Dean/Director: _____

_____/_____
Approved/Disapproved: _____ **PRESIDENT**

DATE: _____

Verification and Approval to Receive Compensatory Time (Time & one-half)

I, _____, certify that I worked on _____ (date(s)), for a total
of _____ hours. _____ hours * 1.5 = _____ (Attach documentation)

Employee Signature: _____ **Date Submitted:** _____

Recommended Approval by Supervisor: _____

Recommended Approval by Dean/Director: _____

_____/_____
Approved/Disapproved: _____ **PRESIDENT**

DATE: _____