



Department of Human Resources - Technical Services Division

COMPENSATORY OR CASH OVERTIME REQUEST

Department Requesting Change: _____

Type of Change (check beside one):

_____ Compensatory Time in Lieu of Cash Payment

I agree to accept compensatory time in lieu of cash payment for overtime worked as of the beginning date of _____. (Date must be on a Sunday and no earlier than current pay period being processed)

_____ Cash Payment for Overtime Worked

I agree to accept cash payment in lieu of compensatory time for overtime worked as of the beginning date of _____. (Date must be on a Sunday and no earlier than current pay period being processed)

Employee Name (type or print) _____

Employee Edison I.D. _____

Social Security Number _____

Employee's Signature

Date

Supervisor's Signature

Date

Exception Rules: If the request is an exception to overtime rules, the exception must be recommended by the appointing authority and approved in advance by the Commissioner and the Commissioner of Finance and Administration. Attach a copy of the document giving permission for the exception.