

Morgan County Board of Education  
SUPERVISOR'S REQUEST FOR  
NON-EXEMPT EMPLOYEE OVERTIME

WORK LOCATION \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ ID NUMBER 95800 - \_\_\_\_\_

POSITION \_\_\_\_\_

DATE(S) OVERTIME IS NEEDED \_\_\_\_\_

NUMBER OF HOURS REQUESTED \_\_\_\_\_

EXTRAORDINARY CIRCUMSTANCES REQUIRING THIS REQUEST

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Central Office Administrator's Approval

\_\_\_\_\_  
Date

**EMPLOYEE'S ACCEPTANCE**

I hereby agree to work the above-mentioned date(s) that will result in my working in excess of 40 hours during the workweek. I will accept:

\_\_\_\_\_ Paid Overtime

\_\_\_\_\_ Compensatory Time in Lieu of Paid Overtime\*

\*Complete the Compensatory Time Agreement on the reverse side of this form.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Morgan County Board of Education  
AGREEMENT TO RECEIVE COMPENSATORY TIME OFF

Pursuant to the Fair Labor Standards Act (FLSA) Morgan County Board of Education Policy GDKA grants compensatory time off to non-exempt employees in lieu of overtime pay for time worked in excess of 40 hours in any workweek.

I understand that I will earn compensatory time at a rate of one and one-half (1.5) hours for each hour in excess of 40 hours in any workweek. I further understand that I may not earn more than 120 hours of compensatory time (80 hours of actual overtime work), that I must take the time earned within 60 work days after it is earned, and that I must take the time before using any vacation, personal leave, or leave without cause days. I also understand that if I am unable to use all compensatory time earned during the allotted time due to the work requirements, that I will receive compensation for the unused compensatory time at my current regular hourly rate of pay.

I hereby knowingly agree and consent to the use of compensatory time in lieu of overtime pay for any time worked in excess of 40 hours in any workweek.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Copy: Employee  
Supervisor  
Treasurer