YUBA COUNTY OFFICE OF EDUCATION
CLASSIFIED EMPLOYEE
COMPENSATORY TIME OFF FORM

Employee: ____________________________ Location: ________________
Position: ____________________________ Date: ________________

Date(s) and reason for additional regular time or overtime:
Date(s): ____________________________ Reason: ____________________________

__________________________________________ ____________________________
__________________________________________ ____________________________

COMPENSATORY TIME COMPUTATION:

Employees that work less than 7.5 hours per day, fill out #1 (and #2 if applicable)
Employees that work 7.5 hours per day, fill out #2 only

1. REGULAR TIME (up to 7.5 hours per day)
   
   Hours Worked = Compensatory Time

2. OVERTIME
   
   \[
   \text{Hours Worked} \times \text{Overtime Factor} = \text{Total Compensatory Time}
   \]

   (Times 1.5 or 2)

ARTICLE VI – HOURS AND OVERTIME

G. Authorization for overtime work must have the approval of the department head.
H. Overtime is defined to include time worked in excess of seven and one-half (7 ½) hours
   in a day or in excess of thirty-seven and one-half (37 ½) hours in a calendar week.
I. An employee may request compensatory time off in lieu of salary for approved overtime
   work. The request shall be submitted to the department head and must have the approval
   of the Director of Human Resources.
J. When compensatory time off is authorized in lieu of cash compensation, such
   compensatory time off shall be granted within twelve (12) calendar months following the
   month in which the overtime was worked and without impairing the services rendered by
   the County Office.

AUTHORIZATION FOR ADDITIONAL TIME WORKED

Prior authorization for additional time worked must be obtained from the supervisor.

LEAVE REQUESTS

Request for use of compensatory time off must be submitted on a Temporary Leave of Absence
Request Form. The category would be “other” with the explanation of “compensatory time.”

__________________________________________ ____________________________
Employee’s Signature Supervisor’s Signature

__________________________________________
Director of Human Resources

cc: Employee
    Supervisor
    Personnel File

03/21/07