GREENFIELD COMMUNITY COLLEGE
OVERTIME APPROVAL FORM

SECTION 1: To be filled out BEFORE the overtime work is started.

Funding Source (eg., ABC grant) ______________________________________
Account No. _______________________________________________________
Department _________________________________________________________

Employee’s name ______________________________________________________

Date(s) overtime is to be worked _______________________________________
Total overtime hours to be worked ______________________________________

Type of overtime (please check one):

_____ MCCC Unit Professional

_____ Continued Effort - You work your normal tour of duty (7 1/2 or 8 hours) and also come in early or stay late to perform overtime without leaving your job site.

_____ Call Back - You are called back to the job site after completing your regular tour of duty or are called in to work on a holiday or your scheduled day off.

_____ Paid Detail – a work assignment outside of normal working hours that is paid for by an outside agency or organization which is not an organization or department of the College

Reason for overtime: ______________________________________________________________________________________________

Request for overtime made by (check one): Supervisor _________ Employee ________

For AFSCME and non-unit classified employees, if the supervisor requests the employee to work overtime, the employee MUST receive overtime compensation, UNLESS THE EMPLOYEE REQUESTS and the supervisor agrees that the employee will receive compensatory time. If the employee requests to work overtime, the supervisor and employee must agree on whether the employee will receive overtime compensation or compensatory time.

MCCC Unit Professional employees receive compensatory time.

Employee will receive (check one): Overtime (OT) Compensation ______ Compensatory Time ______

Employee's signature: _________________________________________________ Date ___________________

Signature of supervisor authorizing OT: _________________________________ Date ___________________

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SECTION 2: To be filled out AFTER the overtime work is done. NOTE: One-half (1/2) hour break MUST be taken after each 6 hour period worked.

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<thead>
<tr>
<th>DATE</th>
<th>DAY</th>
<th>OT TIME WORKED – (Indicate AM or PM)</th>
<th>TOTAL HOURS</th>
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<td>Sunday ______________________________</td>
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<td>Saturday ______________________________</td>
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Employee’s signature: _________________________________________________ Date: ____________

Supervisor’s signature: _______________________________________________ Date: ____________

Dept. supervisor’s signature: __________________________________________ Date: ____________

*Dean’s signature: _____________________________________________________ Date: ____________

*For emergency OT only (when sick time is used during the week).

(Please complete and submit this form each week at the end of the week to Human Resources. Note that the official payroll work week is Sunday through Saturday.)

Updated: 10/31/06