



## CSEA Compensatory Time and Overtime Request Form

If you are eligible for compensatory time or overtime in accordance with the Agreement by and between the County of Schenectady and CSEA, Local 10000 AFSCME, AFL – CIO, Article VIII (contract effective: January 1, 2013 – December 31, 2015), please complete the information below and return the form to the Office of Human Resources, Elston Hall - 126.

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Employee Supervisor: \_\_\_\_\_ Budget Code: \_\_\_\_\_

**Employee Status - Check all categories that apply:**

**CSEA - Support staff**

- Full-time (35 hours per week)
- Part-time (17 hours per week)
- Part-time (17.50 hours per week)

**CSEA - Maintenance**

- Full-time (40 hours per week)
- Part-time (19.50 hours per week)

- Requesting Compensatory Time**
- OR**
- Requesting Overtime**

**Please provide justification for requesting additional compensatory time or overtime compensation to include specific date(s) and time(s).**

Numbers of additional hours requested:  
Dates: From \_\_\_\_\_ To \_\_\_\_\_

Does this create an overtime event (40+ hours per week)?  YES  NO

Does the department budget support the request? **Check only one:**  YES  NO

**All signatures are required for approval.**

- 1) Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_
- 2) Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_
- 3) Appropriate Vice President/Dean \_\_\_\_\_ Date: \_\_\_\_\_
- 4) Vice President of Administration \_\_\_\_\_ Date: \_\_\_\_\_
- 5) Executive Director of Human Resources \_\_\_\_\_ Date: \_\_\_\_\_
- 6) President \_\_\_\_\_ Date: \_\_\_\_\_