

**Colorado State University – Pueblo
Finance and Administration**

OVERTIME USE AND REPORTING PROCEDURE

Organizational Area:	Human Resources		
Procedure Reference No:	HR 02-2005		
Effective Date:	October 1, 2005 unless otherwise noted	Revision Date:	N/A
Officer Responsible:	Director of Human Resources		
Tel:	719-549-2441		
Date Approved:	September 30, 2005		
References:	Fair Labor Standards Act (FLSA) Administrative/Professional Handbook for Professional Personnel, to be revised and reissued. State Personnel Board Rules and Administrative Procedures State of Colorado Classified Employee Handbook.		
Attachments:	(A) Overtime Request and Authorization Form		

SCOPE:

This procedure applies to all Administrative/Professional and Classified employees of Colorado State University – Pueblo determined to be overtime eligible in accordance with the Fair Labor Standards Act (FLSA).

PROCEDURES:

Overtime is not a leave but rather a premium pay. Overtime for eligible employees is earned once the employee works more than 40 hours in a standard workweek. The standard workweek is Saturday at 12:01 a.m. through the following Friday at Midnight. Overtime is paid at a rate of 1.5 times actual hours worked over 40 in a workweek. Human Resources is responsible for determining overtime eligibility in accordance with the Fair Labor Standards Act (FLSA). Flex time is the altering of a schedule within a standard workweek to avoid working more than 40 hours.

Overtime must be approved in advance utilizing the Overtime Request and Authorization Form, unless circumstances prohibit prior approval. Any overtime worked without prior approval, except in rare cases with extenuating circumstances as determined by the supervisor and appointing authority, will result in appropriate corrective or disciplinary action issued to the employee. Overtime policies shall be communicated to all eligible employees. Human Resources has communication tools available for supervisors who wish to use them.

Flex time may be used to avoid financial overtime liability when reasonable. Flex time is granted at the discretion of the supervisor and appointing authority and must be used within the same standard workweek. Flex time is on an hour-for-hour basis. For example, if an

employee works 10 hours on Monday, they could be granted a 6 hour workday later in the week to avoid exceeding 40 hours in a workweek.

It is the practice of the University to provide compensatory time off in lieu of monetary payment. However, supervisors may make monetary payments through regular payroll with Dean, Director or Appointing Authority approval. All overtime, whether paid in time or monetarily, must be paid within four (4) months of the end of the pay period in which it was earned. Any time an employee earns and is owed in excess of 60 compensatory hours, all hours over the 60 must be paid in the next regularly scheduled pay period. Unused comp time at the time of termination or transfer to another department must be paid at that time.

INSTRUCTIONS:

1. The use of overtime must be authorized in advance of the actual overtime hours to be worked. In those cases when this is not possible, such as last minute assignments or emergencies, the overtime hours worked must be approved by the immediate supervisor and Dean, Director or Appointing Authority as appropriate, even if it is after the fact. Appointing Authority signature is required when the immediate supervisor is a Dean or Director.
2. Overtime is unauthorized and may result in corrective or disciplinary action unless approved by BOTH the supervisor and Dean, Director or Appointing Authority as appropriate.
3. To request the use of overtime, the supervisor should complete the request form showing the date(s) the overtime is to be worked and the anticipated maximum hours needed. The method of compensation is to be indicated and the employee must sign the form as agreement to the compensation method prior to working the overtime. After the overtime request has been approved by the required parties, the original of this form should be retained by the supervisor until the overtime is actually worked.
4. After the overtime is worked, the supervisor completes the overtime actually worked section of this form and certifies the number of hours by signing the verification section.
5. After completing the authorization form, it will be forwarded to Human Resources for appropriate processing and tracking.

Questions regarding this procedure or any overtime related issues should be addressed to the Office of Human Resources at 719-549-2441.

REVISION HISTORY:

Revision Ref. No.	Approved/ Rescinded	Date	Committee/ Board

Attachment A

COLORADO STATE UNIVERSITY – PUEBLO

Overtime Request and Authorization

It is the practice of the University to provide compensatory time off at a rate of 1.5 times the actual hours worked over 40 in a standard workweek. However, supervisors may make monetary payments through regular payroll with Dean, Director or Appointing Authority approval. All overtime, whether paid in time or monetarily, must be paid within four (4) months of the end of the pay period in which it was earned. Any time an employee earns and is owed in excess of 60 compensatory hours, all hours over the 60 must be paid in the next regularly scheduled pay period. Unused comp time at the time of termination or transfer to another department must be paid at that time. **Only those positions designated as non-exempt are eligible for overtime compensation in pay or time off.**

Requested By (Supervisor):	Date of Request:
Department:	Cost Center #:
Employee who will be working the requested overtime:	PID:
Reason for Request:	
Method of Compensation (Mark appropriate method):	
COMPENSATORY TIME: _____	CASH OVERTIME PAYMENT: _____
OVERTIME REQUESTED:	
Date(s) _____	# of Hours (estimated) _____
APPROVALS FOR REQUESTED OVERTIME:	
Employee Signature _____	Date: _____
Approved by _____ Immediate Supervisor or Designee	Date: _____
Approved by _____ Dean, Director, or Appointing Authority	Date: _____
OVERTIME ACTUALLY WORKED:	
Date(s) _____	# of Hours _____
VERIFICATION OF HOURS WORKED:	
My signature below certifies that the overtime hours actually worked as shown above are accurate and true:	
_____	_____
Immediate Supervisor or Designee Signature	Date

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