**Bluefield State College**
**COMPENSATORY TIME/OVERTIME AGREEMENT**

Compensatory and/or overtime must be **PRE-APPROVED** by my supervisor and the Vice President of Financial & Administration or President. Without prior approval, employees will be unable to work over (40) hours unless deemed an emergency.

Compensatory Time Agreement

I _____ understand and agree to work beyond forty(40) hours in the work week beginning _____ and ending _____ and to accept compensatory time up to a total of 240 hours in lieu of overtime payment as set forth in Bluefield State College Board of Governor's Policy 17.

It is my understanding that any accumulated compensatory time will be scheduled off by the supervisor and in accordance with the duties and responsibilities of the unit within one year of accumulation of said compensatory time.

It is my understanding that I may, at any time, ask for overtime compensation for accumulated compensatory time.

_____

Employee's Signature Date

Overtime Agreement

I _____ understand and agree to work beyond forty(40) hours in the work week beginning _____ and ending _____ .

I understand that my *actual* hours worked beyond forty hours will be paid at time and half. All hours between 37.5 and 40 will be paid at regular time.

_____

Employee's Signature Date

I the undersigned approve overtime and/or compensatory time for the above employee for the outlined period of time. The actual hours worked beyond 40 hours are not to exceed _____.
*(approved # of hours)*

| **For WV11 Purposes Only To be completed by Supervisor** | | |
|---|---|---|
| Fund/Org Required | **Rate of Pay** ***Can Not Use: "Do Not Exceed"*** | **Total amount to be encumbered** |
| | | |
| | | |

Immediate Supervisor Date

Cabinet Level Supervisor Date

V.P. Finance & Adm. Date

***Copy to be forwarded to the Human Resources Office and Payroll.**