



OVERTIME EXEMPT ADDITIONAL COMPENSATION REQUEST

Non-Represented

Name: _____ Employee ID number: _____ Date: _____
 Job title: _____ Work location: _____
 Supervisor: _____ Appointing Authority: _____

DATE MM/DD/YY	ADDITIONAL HOURS <i>2 hrs. 15 min. = 2.3</i>	REASON	STANDBY \$25 per day	NOTE:
/ /	.		<input type="checkbox"/> Yes <input type="checkbox"/> No	Overtime exempt positions are only eligible for additional compensation for work that is extraordinary and exceeds 45 hours in the work week, unless the additional hours are the direct result of authorized specialty team activities as defined in policy. Standby begins the first hour assigned to standby status.
/ /	.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /	.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /	.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /	.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /	.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /	.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /	.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /	.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /	.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /	.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /	.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /	.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /	.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Minutes	Tenths	Minutes	Tenths	Minutes	Tenths	Minutes	Tenths	Minutes	Tenths
1-6	0.1	13-18	0.3	25-30	0.5	37-42	0.7	49-54	0.9
7-12	0.2	19-24	0.4	31-36	0.6	43-48	0.8	55-60	1.0

I certify that this is a correct claim incurred by me and that no payments have been received by me on account thereof.

 Employee signature

 Date

 Supervisor

 Signature

 Date

 Assistant Secretary
for payment of additional hours only

 Signature

 Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Overtime box **COPY** - Supervisor, Employee