

Northeast Alabama Community College
ADJUSTMENT OF WORK SCHEDULE REQUEST
(FOR SCHEDULES B, C, D, AND E)

Complete the form below to request preapproval for an adjustment to the normal work schedule during weeks when overtime compensation is anticipated. Approved overtime at Northeast Alabama Community College is granted in compensatory time as outlined in the Schedule Adjustments and Compensatory Time Policy in the Faculty and Staff Handbook. If this request is approved by the President, any compensatory time earned must be used within two months. An employee should request to use his or her compensatory time by completing an *Employee Leave Request* and noting on the request that he or she would like to use compensatory time, attaching a copy of this approved form. **Remember, all compensated time must receive prior approval from the president.**

SECTION I: To be completed by employee and submitted to the President

Employee: _____ Date: _____

Purpose of Requesting Overtime: _____

Anticipated Date(s) of Overtime: _____ Estimated Overtime Hours to Work: _____

Current Balance of Approved Compensatory Time Already Accumulated by Employee: _____

How and when will this compensated time be used for a schedule adjustment:*

*Compensated time may not be used during and is not granted for such periods as final examinations, inservice, graduation or other key timeframes and events that are a part of the college's operation. It is not granted to extend an employee's vacation time between semesters.

Employee's Signature Date Supervisor's Signature Date

Dean's Signature Date

SECTION II: To be completed by president and submitted to the Supervisor of the Employee

Compensated time request: ___ Approved ___ Denied

President's Signature Date

President's Comments: _____

SECTION III: To be completed by Employee and Supervisor and submitted to the Human Resources Director

Overtime worked: _____ (a.m./p.m.) to _____ (a.m./p.m.) on _____ (Note: Additional times may be attached.)

By signing below, I verify that the overtime indicated above/attached was worked as noted.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

SECTION IV: To be completed by Human Resources Director

Compensated time granted: _____ Dates/Amounts Taken: _____

Human Resources Director: _____ Date: _____

Routing Instructions: The employee submits this form to the President. The President returns this form to the supervisor. Immediately after the overtime is worked, the supervisor submits the form to the Human Resources Director who records the granted compensatory time.