



**Overtime/Comp Record for Classified/Confidential Staff*

Employee Name _____

SS# (Last 4) _____

Important: Enter dates and time for the full week that overtime/comp occurred.

Note: Incomplete information will delay leave entry

Date (Week earned) List each day separately	Description of Work (Be Specific)	Building or DO Paid	**Supervisor's Initials	EARNED		Business Office Use Only	
				Actual Time Worked	Total Time	***x 1.5	
					to		
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					to		
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					to		

- * Overtime/Comp is defined in Oregon Administrative Rules and Article 6 of the Collective Bargaining Agreement as time worked over 40 hours per week.
- ** The collective bargaining agreement states that, "Except in case of emergency, all overtime/comp worked for which the District is liable for compensation, will be with prior approval of the supervisor."
- *** Overtime/Comp is compensated at a rate of one and one-half times the employee's regular rate.

NOTE: Compensatory time taken off must be recorded through the IV Web Portal.