

NORTHWESTERN STATE UNIVERSITY COMPENSATORY TIME/OVERTIME EARNED¹

Non-Exempt:

Exempt:

Classified (CL) Unclassified Non-Exempt (UN)

Unclassified Exempt (UE) Faculty (FN, FS, FT, NN, TM)

TIMEKEEPING ORG: _____ PAYROLL ID: _____ PAYROLL #: _____ PAY PERIOD: _____ to _____
Begin Date End Date

TO: _____
Supervisor and/or Budget Unit Head

FROM: _____
Employee Name CWID

Week 1 – Daily Compensatory (K) Time/Overtime Earned

Date	Start Time	End Time	Comp Time Hrs	Overtime Pay Hrs	Duties, projects, functions worked over regular hours	Signature Outside Timekeeping Org
²Total Week 1 Hrs						

Week 2 – Daily Compensatory (K) Time/Overtime Earned

Date	Start Time	End Time	Comp Time Hrs	Overtime Pay Hrs	Duties, projects, functions worked over regular hours	Signature Outside Timekeeping Org
²Total Week 2 Hrs						

¹ Earn Code	Description	Total Hrs	Total Hrs
320	State (1.0) Ktime		
310	³ FLSA (1.5) Ktime		
150	OT (1.0) Pay		
151	³ OT (1.5) Pay		

¹Always enter the actual hours worked for overtime or compensatory time.

²Time should be entered in half hour (.50) increments.

³FLSA (1.5) Compensatory Time and Overtime Pay does not apply until the employee has actually worked in excess of 40 hours in a work week.

SIGNATURES

Overtime/compensatory time earned was prior approved.

Employee's overtime/compensatory earned was prior approved, and duties performed could not be performed during employee's regular scheduled work schedule.

Employee's Signature Date

Supervisor's Signature Date