

**St. Mary's County Public Schools
Weekly Compensatory/Overtime Sheet**

Employee: _____

Employee Number: _____

Position: _____

Location: _____

Week ending: _____ *Enter a Friday date (mm/dd/yyyy) for the Week Ending.*

Account Code: _____

ALL INFORMATION MUST BE COMPLETED BEFORE THE PAY WILL BE PROCESSED

Day/Date	Regular Hours Worked	Overtime Hours-Include AM or PM		Total Overtime Hours Worked	Total Hours Leave Taken	Reasons For Overtime
		Time In	Time Out			
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Totals:						

Please indicate: _____ Paid Overtime

Employee Signature _____ Date _____

_____ Compensatory Time

Administrator Signature _____ Date _____

FOR PAYROLL USE ONLY

Paycode: _____ *(Regular time)*

Paycode: _____ *(Regular time)*

Regular Overtime Hours _____ x \$ _____ = \$ _____

Regular Overtime Hours _____ x \$ _____ = \$ _____

Paycode: _____ *(Time and one-half)*

Paycode: _____ *(Time and one-half)*

Overtime > 40 Hours _____ x \$ _____ = \$ _____

Overtime > 40 Hours _____ x \$ _____ = \$ _____

Paycode: _____ *(Two and one-half)*

Paycode: _____ *(Comp Time)*

Disaster Hours _____ x \$ _____ = \$ _____

Comp Time <40 _____ Comp Time >40 _____

INSTRUCTIONS FOR COMPLETION

This form is to be used for Classified Employees ONLY!

This form is to be prepared and submitted when overtime is worked. In order for this to be processed as either comp time or overtime pay, a record of the hours for the entire pay period **must** be submitted - each day **must** be recorded. Incomplete submissions will be returned, delaying payment or credit for overtime hours worked.

Actual Hours worked shall be reported - which excludes the 30 minute unpaid duty free lunch. (For example 8:30 - 4:00 is equal to 7 hours worked)

Any leave used during the pay period must be reported. Please identify the number of hours and the type of leave used, as follows:

A- Annual Leave
ADMIN

SL - Sick Leave
H - Holiday

FI - Family Illness
C - Compensatory time

PLEASE NOTE: the reporting of leave on this form **does not** replace the mandatory submission of the Employee Leave Form

Prior to submission of the **original** form, it must be manually or digitally signed (not a stamp) by the site administrator and the reason for the overtime must be completed.

St. Mary's County Public Schools OVERTIME DEFINITIONS

Terminology	Definitions
Rate of Pay	The normal hourly wage for an employee.
Premium	The amount paid per hour in excess of the normal hourly rate of pay.
Regular overtime	Any time worked excess of 40 hours in a work week will be paid at the rate of 1½ times the normal rate of pay (regular hourly rate plus ½ times the regular hourly rate).
Holiday (Scheduled work)	For any holiday (as defined in the SMCPS calendar) the hourly rate will be 2 times the normal rate of pay for all hours worked (which includes the administrative pay for the holiday)
Code 1	When Code 1 is declared, designated emergency personnel will be paid at the hourly rate of 2½ times the normal rate of pay for the first two hours worked up to 9:20 a.m. (administrative hourly rate plus 1½ times the regular hourly rate).
Code 2	When Code 2 is declared, designated emergency personnel will be paid at the hourly rate of 2½ times the normal rate of pay for the first two hours worked up to 9:20 a.m. (administrative hourly rate plus 1½ times the regular hourly rate).
Code 3	When Code 3 is declared, designated emergency personnel will be paid at the hourly rate of 2½ times the normal rate of pay for all hours worked (administrative hourly rate plus 1½ times the regular hourly rate).
Election Coverage	Employees who are required to work on Election Day in support of the polling sites will be paid at the hourly rate of pay at 2 ½ times the normal rate of pay (administrative hourly rate plus 1½ times the regular hourly rate).
Emergency Call- in	When maintenance, operations and/or technology staff is called in for an emergency, he or she will receive a minimum of 2 hours of pay. The hourly rate of pay shall be at the rate of 1½ times the normal rate of pay (regular hourly rate plus ½ times the regular hourly rate) for all time worked portal to portal. Designated employees who may be required to telework during an emergency, will be compensated a minimum of 1 hour of pay at the rate of 1½ times the normal rate of pay (regular hourly rate plus ½ times the regular hourly rate).
Disaster	When a disaster is declared by the Superintendent or his/her designee, the hourly rate of pay will be 2½ times the normal rate of pay (regular hourly rate plus 1½ times the regular hourly rate). 10 and 11 month employees who are called in and report to work will be paid 2½ times the normal rate of pay (regular hourly rate plus 1 ½ times the regular hourly rate).
Emergency Call- In on a Holiday	If an emergency call-in falls on a holiday, staff will receive 2 ½ times the normal rate of pay (administrative hourly rate plus 1½ times the regular hourly rate), for a minimum of 2 hours portal to portal. Designated employees who may be required to telework during an emergency on a holiday, will be compensated a minimum of 1 hour of pay at 2 ½ times the normal rate of pay (administrative hourly rate plus 1½ times the regular hourly rate).