 **BANKED OVERTIME ADJUSTMENT FORM - OPSEU**

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classification : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of overtime/call in (m/d/yr) | Authorized Overtime worked | | Hours Eligible for Premium Compensation | Date(s) Leave is being Adjusted for  (m/d/yr) | Reason for Adjustment | Leave Type | Add to or Deduct from Balance | Number of hours |
| From | To |
|  |  |  |  |  |  |  |  |  |
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Employee signature Date

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Supervisor signature Date

\*All overtime approved as time-off in lieu of payment must be approved by the employee’s supervisor. Lieu time untaken at year end will be paid out. This form is maintained and kept in the employee’s department. **Submit a copy to Payroll for processing.**

Created January 21, 2016