

Name: _____ **Employee ID:** _____
Department: _____
Division: _____
For Bi-Weekly Pay Period **From:** _____ **to:** _____
Authority /Approval No: _____

Overtime Circumstance:
 Emergency Increased Work Demands
 Designated Project/Negotiation Other

Week 1

Date	WED	THU	FRI	SAT	SUN	MON	TUE	Less 2.5 Hrs as per policy	Total Claimed
Time Reporting Description									
Overtime hours @ 1.0								-2.5	
Overtime hours @ 1.5									

Week 2

Date	WED	THU	FRI	SAT	SUN	MON	TUE	Less 2.5 Hrs as per policy	Total Claimed
Time Reporting Description									
Overtime hours @ 1.0								-2.5	
Overtime hours @ 1.5									

Additional Comments _____

Please indicate how you would like the above time compensated keeping in mind the management overtime policy (maximum 70 hours accumulated TOIL as per policy).

Hours to be paid _____ Hours for TOIL _____

I certify that the above information/hours worked is correct and the method of compensation I have selected is in accordance with the management overtime policy.

Employee's Signature: _____ Date: _____

I have verified that the above is correct and the overtime worked was used solely for the purpose for which it was approved.

Supervisor's Signature: _____ Title: _____ Date: _____

Certified for payment in accordance with S.30(1) of the Financial Administration Act. I have verified that the above is correct, the overtime worked was used solely for the purpose of which it was approved and sufficient funds available for payment.

Deputy Minister or Delegate: _____ Title: _____ Date: _____

Compensation & Benefits use only:

Processed by: _____ Employee ID: _____ Date: _____

Verified by: _____ Date: _____

Under the authority of the **Financial Administration Act**, personal information will be collected for the purpose of processing requests. Your personal information is protected by the Access to Information and Protection of Privacy Act and will not be disclosed without consent or authorization. Any questions or comments can be directed to the Compensation and Benefits Service Centre Specialists at 729-7690, 1-888-729-7690 or CompensationBenefits@gov.nl.ca.

Record of Management Overtime (OCG-803) Instructions

Note:

- The Record of Management Overtime form should be completed for those employees that are governed by the Management Overtime Policy. Those employees not governed by the policy (e.g. Executive Secretaries and management employees who regularly work and supervise other employees on rotating shifts) should complete the Request for Compensation (Time Reporting) form (OCG-802).
 - The Human Resource Management Overtime Policy (http://www.exec.gov.nl.ca/exec/pss/working_with_us/policies.html) should be consulted and if necessary, the Compensation and Benefits Service Centre contacted.
 - Where possible the form should be completed on a bi-weekly pay period basis and submitted within 2 weeks of time worked. **Requests must be submitted within 75 days of being worked.**
1. Employees are responsible for obtaining Deputy Minister or delegate approval before working overtime; the Request for Overtime Performance form (OCG – 806) should be used. In situations other than those outlined in the Management Overtime Policy Treasury Board approval is required and must be obtained prior to the overtime being worked. The department approval number or Treasury Board Authority number must be recorded on the *Record of Management Overtime* form.
 2. An employee is responsible for completing and signing the *Record of Management Overtime* form (OCG-803). The reason for the overtime should be indicated by ticking the appropriate box and the overtime hours worked each day must be filled in the appropriate column (e.g. if an employee works emergency overtime from 6 pm to 9 pm on Thursday, 3 hours should be filled in the overtime hours @ 1.5 row). Please note that a week for management overtime will coincide with the regular pay period (Wednesday to Tuesday).
 3. The employee must indicate how he/she wishes to be compensated. Requests for time off in lieu (TOIL) must be in accordance with the Management Overtime Policy. Employees should track their TOIL so as to ensure requests are in accordance with policy and maximum accumulated TOIL (70 hours) is not exceeded.
 4. A copy of the completed *Record of Management Overtime* form should be retained by the employee to aid him/her in the reconciliation of his/her TOIL balance and/or to ensure payment received.
 5. The original completed form must be submitted to the employee's immediate supervisor.
 6. The form must be approved by the Deputy Minister or delegate. The original approved form should not be returned to the employee instead it should be forwarded by the approver to the Compensation and Benefits Division for processing. Forms must be received by Compensation and Benefits by their scheduled cut off in order to be processed in a pay period. Forms received after cut off will not be processed until the following pay period. Incorrectly completed forms will be returned for correction prior to processing and could result in delays.
 7. Departments and employees are responsible for monitoring overtime to ensure the number of hours worked do not exceed the number of hours approved. It is the Department's responsibility to ensure that the necessary information is maintained at the department. Directors, while reviewing their bi-weekly payroll registers, should ensure requested overtime has been correctly paid.

A copy of this form can be found on the Public Service Network site (<http://www.intranet.gov.nl.ca/docs/default.asp>) or by contacting the Compensation and Benefits Service Centre. If you have any questions about the completion of this form, please contact the Compensation and Benefits Service Centre.

Contact Information:

Compensation and Benefits Service Centre

E-mail: CompensationBenefits@gov.nl.ca

Phone: 729-7690 or 1-888-729-7690

Mailing address:

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