



MANAGEMENT OVERTIME REPORT

(Select "Print Entire Workbook" to include Procedures)

Appendix "B"
Page 1 of 2

SECTION 1 - PRE-APPROVAL - To be Completed and Authorized by Executive member Prior to Overtime Performance			
Name:		No. of Hours Approved	
Employee ID:		Approximate Cost	
Campus/ Dept:			
For Bi-Weekly Pay Period YY/MM/D (see reverse of form for deadlines)	From:		
	To:		
Details (Reason Overtime Requested-see section 5.4 Procedures)			

- Overtime Circumstance:**
- Emergency (time and one half)
 - Designated Project/ Negotiation (straight time)
 - Increased Work Demands (straight time)
 - Other

The Following Decision is Made in Respect of the Above Request:

Not Approved
 Approved as requested
 Other

Approved for _____ hours to cover the period from _____ to _____

Remarks: _____

Supervisor Name (Print): _____ Supervisor Signature: _____ Date: _____

Executive Name (Print): _____ Executive Signature: _____ Date: _____

Section 2 - SUPERVISOR or ORGANIZATIONAL BUDGET ANALYST

Name (Print): _____ Cost Code: _____

Signature: _____ Date: _____

SECTION 3 - RECORD OF ACTUAL HOURS WORKED
Complete Sections 3 & 4, Sign and Forward to Human Resources Office For Processing

week 1									
Time Reporting Description (indicate Date)	Wed	Thu	Friday	Sat	Sun	Mon	Tue	less 2.5 hrs as per policy	Total Claimed
Overtime Hrs @1.0								-2.5	
Overtime Hrs @1.5 (Emergency only)									
Actual time worked (note am or pm)									

week 2									
Time Reporting Description (indicate Date)	Wed	Thu	Friday	Sat	Sun	Mon	Tue	less 2.5 hrs as per policy	Total Claimed
Overtime Hrs @1.0								-2.5	
Overtime Hrs @1.5 (Emergency only)									
Actual time worked (note am or pm)									

SECTION 4 - Approvals

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.

Manager Signature: _____ Title: _____ 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

Executive Signature: _____ Title: _____ Date: _____

SECTION 5 - HUMAN RESOURCES/PAYROLL

Compensation & Benefits use only: Confirmed TOIL < 70 hrs

Confirmed TOIL > 70 hrs

Verified by Comp and Benefits: _____ Date: _____

Processed by Payroll: _____ 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 Specialist at charlene.russell@cna.nl.ca, or by contacting the Manager of Compensation and Benefits at jeannie.duffenais@cna.nl.ca

Print forms in "BACK to BACK" format if you have access to a printer with this capability.

These instructions follow the Governments Management Overtime Policy located at http://www.exec.gov.nl.ca/exec/hrs/working_with_us/management_ot.html

Forms are available at the Human Resources Intranet website under policies at [Management Overtime Form](#)

Definition: The Manager is the employee working Overtime; that Manager reports to a Supervisor; the Supervisor could report to or actually is the applicable Executive Member.

- 1 It is the responsibility of the manager requesting overtime to ensure all required fields in Sections 1,3 & 4 are completed prior to submission of report to HR
- 2 Forms received without all necessary information will **not** be processed for payment or for banking of lieu time. Incomplete forms will be returned to Supervisor
- 3 All time must be pre-approved by the applicable Executive Member **PRIOR** to work commencing
- 4 **SECTION 1 - Pre-Approval**
 - * the dates,
 - total number of hours to be worked, etc.
 - * Include employee information, Departmental information, period overtime required, number of hours required, an approximate cost and an explanation as to why the overtime is required is to be completed. Check appropriate box in Overtime Circumstance
 - * To be completed by: Manager in consultation with Supervisor
 - * Executive member to make decision and sign
 - * Required fields: All
- 5 **SECTION 2 - Supervisor/Organizational Budget Analyst Use**
 - * The purpose of this section is to provide the budget information for the cost incurred in the payment or banking of lieu time involved for this report. The OBA, in consultation with the Supervisor, as necessary, will ensure the cost is charged to the appropriate department.
 - * To be completed by Supervisor in consultation with Organizational Budget Analyst
 - * **Either the Supervisor or OBA can sign this section as long as the account code is accurate**
 - * Required fields: All
- 6 **SECTION 3 - Record of Actual Time Worked**
 - * To be completed by: Manager as time is worked
 - * Required fields: All
 - * 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.
 - * The form is to be completed on a bi-weekly pay period basis and submitted according to Payroll Deadlines
 - * The Manager is responsible for completing and signing the Record of Management Overtime form. Indicate the Date in the "Time Reporting" row, the overtime hours worked and the actual time of day (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 and 6 to 9 pm recorded in the actual time worked row). Please note that a week for management overtime will coincide with the regular pay period (Wednesday to Tuesday).
- 7 **SECTION 4 - Compensation for Overtime & Final Approval**
 - * 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.
 - * 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.
 - * The original completed form must be submitted to the employee's immediate supervisor and approved.
 - * The form must then be approved by the appropriate Supervisor and Executive Member. The original approved form is not be returned to the Manager but forwarded by the Executive member to the Compensation and Benefits Division for processing.
 - * Forms must be received by Compensation and Benefits by their scheduled payroll 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.
 - * 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.
 - * It is acceptable to FAX the report if your work location does not have an on-site Human Resources Office; however, the ORIGINAL REPORT MUST BE MAILED TO HR WITHIN 2 WORKING DAYS of the date it was signed
- 8 **SECTION 5 - Human Resources/Payroll**
 - * To be completed by: Human Resources & forwarded to Payroll
 - * Role of Human Resources Clerk:
 - Verify all required information is completed
 - Verify the dates worked and the Total Claimed hours are within those approved in Section 1
 - Verify the Actual Time Worked is outside the employee's normal work hours
 - Verify the Actual No. of Hours accurately reflects the time indicated in "Actual Time Worked"
 - Verify the dates submitted and period worked do not overlap with any previous reports received
 - Check the box confirming balance of TOIL being less than or greater than 70 hours