

# Comp Time/Overtime Options

Please check the correct box, sign and return to Auxiliary Services Payroll by the 20<sup>th</sup> day of the month in which you are making the change to your status. You may only select one option per month.

I would like to receive overtime pay rather than earning comp time hours

I would like to earn comp time hours rather than receiving overtime pay

Effective date of change: \_\_\_\_\_

Name \_\_\_\_\_  
(Please print)

\_\_\_\_\_  
Banner ID Number

Signature \_\_\_\_\_

\_\_\_\_\_  
Date