Comp Time/Overtime Options

Please check the correct box, sign and return to Auxiliary Services Payroll by the 20th 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