Department of Corrections
WASHINGTON STATE

OVERTIME EXEMPT ADDITIONAL COMPENSATION REQUEST
Non-Represented

Name: _____ Employee ID number: _____ Date: _____

Job title: _____ Work location: _____

Supervisor: _____ Appointing Authority: _____

DATE MM/DD/YY	ADDITIONAL HOURS *2 hrs. 15 min. = 2.3*	REASON	STANDBY $25 per day	NOTE:
/ /	.		☐ Yes ☐ No	Overtime exempt positions are only eligible for additional compensation for work that is extraordinary and exceeds 45 hours in the work week, unless the additional hours are the direct result of authorized specialty team activities as defined in policy.

Standby begins the first hour assigned to standby status. |
/ /	.		☐ Yes ☐ No	
/ /	.		☐ Yes ☐ No	
/ /	.		☐ Yes ☐ No	
/ /	.		☐ Yes ☐ No	
/ /	.		☐ Yes ☐ No	
/ /	.		☐ Yes ☐ No	
/ /	.		☐ Yes ☐ No	
/ /	.		☐ Yes ☐ No	
/ /	.		☐ Yes ☐ No	
/ /	.		☐ Yes ☐ No	
/ /	.		☐ Yes ☐ No	
/ /	.		☐ Yes ☐ No	

Minutes	Tenths	Minutes	Tenths	Minutes	Tenths	Minutes	Tenths	Minutes	Tenths
1-6	0.1	13-18	0.3	25-30	0.5	37-42	0.7	49-54	0.9
7-12	0.2	19-24	0.4	31-36	0.6	43-48	0.8	55-60	1.0

I certify that this is a correct claim incurred by me and that no payments have been received by me on account thereof.

_____ _____
Employee signature   Date

_____ _____
Supervisor signature   Date

_____ _____
Assistant Secretary signature *- for payment of additional hours only*   Date

Distribution: **ORIGINAL** - Overtime box   **COPY** - Supervisor, Employee