



Essex County Government Center

7551 Court Street, P.O. Box 217, Elizabethtown, New York 12932 (518) 873-3360

Request for Additional Time Payment

DATE: _____ DEPARTMENT: _____

EMPLOYEE NAME: _____ EMPLOYEE #: _____

Regular Rate of Pay: _____ On-Call Rate of Pay: _____

In addition to my regular hours, I hereby request to be paid for the following hours:

Additional Hours at Regular Rate (Comp. Time): _____

Additional Hours at Overtime Rate: _____

Vacation Hours at Regular Rate:*** _____

On-Call Hours at Contractual Rate: _____

On-Call Time Payment: _____

*** Vacation Time is to be paid only when employees are voluntarily retiring or voluntarily leaving County Service.

OVERTIME RATE IS EQUAL TO THE REGULAR RATE TIMES 1 1/2.

Employees scheduled to work 35 hours, 37½ hours or less in a week are entitled to pay at the Overtime Rate only after they have worked in excess of 40 hours in one week. The work week schedule is calculated from Saturday to Friday.

DATES:	REASON FOR ADDITIONAL HOURS WORKED:

SEND THE ORIGINAL COPY OF THIS FORM AND A COPY OF YOUR SIGNED TIME SHEET INDICATING WHEN TIME WAS EARNED. THESE FORMS MUST BE RECEIVED IN THE ESSEX COUNTY PERSONNEL OFFICE NO LATER THAN 10 DAYS PRIOR TO THE DATE YOU WISH TO BE PAID FOR THE TIME.

Department Head's Signature

Employee's Signature

TIME VERIFIED BY ESSEX COUNTY PERSONNEL DEPARTMENT EMPLOYEE

SIGNATURE: _____

DATE: _____