**SHORELINE COMMUNITY COLLEGE**

**AUTHORIZATION FOR ADDITIONAL ASSIGNMENT FOR OVERTIME ELIGIBLE EMPLOYEES**

1. **Employee:**

Performing the duties described in the attached job description will not interfere with my regular full-time position with Shoreline Community College. If overtime eligible, I understand that I am responsible for reporting overtime hours for this position on TLR and for requesting pre-approval and submitting the Authorization and Report of Extra/Overtime Hours form to Human Resources each pay period. The work schedule for my full-time position will:

[ ]  not change

[ ]  will be amended with my regular supervisor’s approval to the following hours effective from

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Mon: to Tues: to Wed: to Thurs: to Fri: to Sat/Sun: to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature

1. **Regular Supervisor**

I have been notified of the employee’s request to work an additional assignment beyond his/her full-time position and approve the additional assignment as long as it does not interfere with the performance of the employee’s regular full-time position. Any performance concerns during this additional assignment will be discussed with the employee and if they cannot be resolved in any other manner, the temporary assignment will be terminated.

The above amended regular work schedule is [ ]  Approved [ ]  Not approved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regular Supervisor’s Signature

1. **Supervisor of Temporary Additional Assignment**

I understand that this temporary assignment will be terminated if it interferes with the performance of the employee’s regular full-time position. The hours worked in this position will be considered overtime and compensated using a weighted average calculation (primary classified job hourly rate plus temporary assignment hourly rate) and will be charged to my department budget. Employee will seek pre-approval and authorization on the Authorization and Report of Extra/Overtime Hours form which will be submitted to Human Resources each pay period on the TLR deadline.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temporary Supervisor’s Signature

RETURN COMPLETED FORM TO HUMAN RESOURCES