

CUBA INDEPENDENT SCHOOL DISTRICT



OFF-CONTRACT WORK APPROVAL (OCWA) FORM

All off-contract work (including overtime and compensatory time) must have PRIOR written approval of the Superintendent.

This form is only for CURRENT EMPLOYEES of the District who have been authorized to work by HR/Payroll and the Superintendent.

- Overtime compensation plan does not apply to executive, administrative, professional or certified teachers (exempt employees).
- Overtime at the rate of time and one-half of the employee’s hourly rates will be earned by eligible non-exempt employees who are physically required to work more than forty (40) hours during the work week (leave and/or holidays do not count toward the 40 hours). Compensation for overtime shall be by payment at the rate of time and one-half –OR– by granting compensatory time off at a rate of one and one-half hours for each hour of overtime worked.
- Compensatory time off may be taken during the pay period following the week in which it was earned unless the use of compensatory time off would unduly disrupt the operations of the district. In the event that compensatory time is not taken within the specified time frame, it will be compensated as required by the Fair Labor Standards Act (FLSA) upon the request of the employee.
- Time sheet must be submitted by employee after work has been completed in order to be paid.

Reference: CISD Board Policy G-8461 GDL-R, Collective Bargaining Agreement Article 25

Name of Employee: \_\_\_\_\_

Description of Off- Contract Work: \_\_\_\_\_

Requesting payment via:  Time Sheet  Compensatory Time

Estimate cost below:

Date	Time From	Time To	Hours	Hourly Rate
		TOTAL		\$

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_