Overtime Policy

**Time and a half pay:**

- Over eight hours in one day
- Over forty hours in a work week
- During the first eight hours on the seventh day of work in a work week

**Double time pay:**

- Over twelve hours in any day
- Over eight hours on the seventh day in a work week

The new law also offers non-exempt employees the option of making formal, written requests to make-up for time lost during a workweek without incurring overtime. This law requires that such requests must be made in writing, and the time made up within the same workweek. Approved requests to make up lost time should be attached to the non-exempt employee’s time card for the time period in which the time was lost and made up.

*Please note that if making up lost time does not serve the needs of the office/department, such requests need not be approved.*

The attached form may be used to record and approve requests to make up lost time, or a memo signed by the employee and the supervisor may be substituted if it more fully explains the lost time situation. The time record and approved request are then forwarded to the Human Resources Office by the usual time card submission deadline.

If you have any questions, please contact me at extension 18686.

**Effective January 1, 2001**
Assembly Bill 60 (AB 60) which provides the above for non-exempt employees
CLAREMONT GRADUATE UNIVERSITY

REQUEST TO MAKE UP LOST TIME

Employee Name: __________________________ Payroll ID#_______

Department/Office______________________________________________

Supervisor _____________________________________________________

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<tr>
<th>Dates</th>
<th>Hours Lost Per Day</th>
<th>Dates Time Made Up</th>
<th>Hours Made Up Per Day</th>
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</table>

Total Hrs Lost _________ Total Hrs Made Up _________

I, the above named employee, request the opportunity to make up time lost, as described above, without imposing the need for overtime pay.

____________________  ______________________
Signature                  Date

I, the above named employee’s supervisor, approve the loss and make up of time as described herein.

____________________  ______________________
Signature                  Date