

TEXAS DEPARTMENT OF CRIMINAL JUSTICE Record of Hours Worked Beyond Regular Schedule

Instructions:

FLSA non-exempt employees shall use this form to record hours worked beyond their regular schedule.

FLSA exempt employees shall use this form to record hours worked on regularly scheduled days off unless such hours are documented on the unit's Duty Schedule developed and maintained by the warden or designee.

Note: FLSA non-exempt employees shall physically work the number of hours in the work cycle required by PD-91 before earning overtime hours.

NAME (Print Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	UNIT/DEPT.	FLSA STATUS <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/> EXEMPT		
POSITION TITLE	SALARY GROUP/RATE	WORK CYCLE <input type="checkbox"/> 7-DAY <input type="checkbox"/> 8-DAY <input type="checkbox"/> 9-DAY			
DAY OF WORK CYCLE	DATE	FROM: TIME	TO: TIME	TOTAL HOURS/ MINUTES	SUPV. SIGNATURE
1 ST DAY OF WORK CYCLE: (check one) <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> W					
JUSTIFICATION FOR TIME WORKED:					
2 ND DAY OF WORK CYCLE: (check one) <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> W					
JUSTIFICATION FOR TIME WORKED:					
3 RD DAY OF WORK CYCLE: (check one) <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> W					
JUSTIFICATION FOR TIME WORKED:					
4 TH DAY OF WORK CYCLE: (check one) <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> W					
JUSTIFICATION FOR TIME WORKED:					
5 TH DAY OF WORK CYCLE: (check one) <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> W					
JUSTIFICATION FOR TIME WORKED:					
6 TH DAY OF WORK CYCLE: (check one) <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> W					
JUSTIFICATION FOR TIME WORKED:					
7 TH DAY OF WORK CYCLE: (check one) <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> W					
JUSTIFICATION FOR TIME WORKED:					
8 TH DAY OF WORK CYCLE: (check one) <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> W					
JUSTIFICATION FOR TIME WORKED:					
9 TH DAY OF WORK CYCLE: (check one) <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> W					
JUSTIFICATION FOR TIME WORKED:					

EMPLOYEE SIGNATURE: _____	DATE: _____	WORK CYCLE	TOTAL OVERTIME: _____
SUPERVISOR SIGNATURE: _____			DATE: _____
IF REQUIRED BY UNIT/DEPARTMENT PROCEDURES,			
WARDEN/DEPARTMENT HEAD SIGNATURE: _____			DATE: _____

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Tex. Gov't Code §§ 552.021 and 552.023 to receive and review the collected information. Under Tex. Gov't Code § 559.004 you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

Distribution:
Original - Human resources representatives shall maintain original forms in a separate file by month. The files shall be sorted within the month by the beginning letter of the employees' last name. No further alphabetization within letters A to Z is required. These records shall be maintained in compliance with the TDCJ *Records Retention Schedule*.

Copy - Employee