

**COURT REPORTING SERVICES EMPLOYEE
OVERTIME AUTHORIZATION**

_____ of the _____ Judicial Circuit, is authorized to work overtime on the date specified herein.

Date of Authorized Overtime: _____

Overtime Will be Worked:

From: _____ a.m./p.m.

To: _____ a.m./p.m.

This overtime is necessary because:

Judge or Supervisor Certification

By signing this authorization for overtime, I certify that:

1. An effort was made to utilize other court reporting services employees with fewer than 40 hours worked during the workweek, and that no other court reporting services employee could be utilized to perform this work without also incurring overtime;
2. The hours authorized for overtime were not spent in transcript preparation for which an additional page rate would be paid.

Judge or Supervisor Signature Date

MONTHLY EMPLOYEE OVERTIME RECORD

Employee Name:	Circuit:
Record Completed by:	Month:

Week Ending Date (Friday)	Total Hours Worked this Week	Comp Time Carried Over from Previous Week	Overtime Hours Worked this Week	Comp Time Earned this Week	Comp Time Used this Week	Comp Time Balance Remaining at End of this Week
Week 1:						
Week 2:						
Week 3:						
Week 4:						
Week 5 (if applicable):						

Certification: I certify that this record is true and accurate and that none of the overtime hours worked was spent in the production or preparation of transcripts of court proceedings. I have attached the required Weekly Time Sheets to Report Overtime Hours for any overtime hours worked this month.

Signature of Designated Overtime Recordkeeper

Date

Instructions: One form is completed for each employee who has earned, used or is carrying a compensatory time balance. The week ending date should always determine the month of reporting. For example, when the 1st of the month falls on a Wednesday, the week ending date would be the 3rd of the month. This week would be considered Week 1 for reporting purposes. Copies of the Weekly Time Record to Report Overtime Hours shall be attached for any week that compensatory time is earned or used. This form and any necessary attachments should be submitted by the 10th of each month for the previous month to:

Court Reporting Services
325 West Adams Street, Room 140
Springfield, IL 62704
Fax (217) 557-0267

WEEKLY TIME SHEET TO REPORT OVERTIME HOURS WORKED

Employee:	Week Ending Date: Friday,
Circuit:	County or Division:

DATE	ATTENDANCE CODE	START WORK	OUT FOR LUNCH	IN AFTER LUNCH	END WORK	HOURS WORKED	COMP TIME USED	COMP TIME EARNED	
<i>Total Hours Worked in Workweek:</i>									

Attendance Codes		Beginning Compensatory Time Balance
P Present	PL Personal Leave	Compensatory Time Earned This Week
H Holiday	ES Extended Sick Leave	Compensatory Time Used This Week
V Vacation	C Comp Time Leave	New Compensatory Time Balance
NS Nominal Sick Leave	O Other Leave	

Employee Certification:
 I certify that the time worked identified above is true and accurate according to the provisions of law, that all of my working time is directly related to the objectives and policies of the Supreme Court and that all working time was expended in the service of the State.

Date: _____

Supervisor Certification:
 I certify that the time worked reported above is true and accurate report to the best of my knowledge. Any overtime hours reported received prior authorization when possible and were not the employee's normal scheduled hours for the week.

Date: _____

*Overtime must be reported to the Supervisor within three business days following the end of the workweek.
 This form to be maintained by the Chief Judge's office and a copy forwarded with the Monthly Overtime Record to Court Reporting Services.*