

Weekly GAP Compensatory Time Report <u>UUP FLSA NON-EXEMPT Employees¹</u>

			WEEK OF:				
NAME:				TITLE:			
A. Emplo and u B. Comp (A) mo C. UUP 6	oyees may e p to 40 hou utation of h eal breaks o employees g	arn a maximur rs. Any time <u>w</u> ours <u>worked</u> f r (B) days off, v	orked after 40 hou or the purposes of whether unpaid or eal break, of which	ensatory hou I <u>rs</u> is consider determining e paid through	ed overtime. earned GAP Compo use of accruals.	ey work in excess of 37.5 hours ensatory time does <u>NOT</u> includ Il hour lunch, UUP employees o	e
DAY	DATE	START TIME	LUNCH TIME (Example 12-1pm)	END TIME	TOTAL HOURS WORKED	GAP COMP TIME USED (specify # of hours))
Thurs							
Fri							
Sat							
Sun							
Mon							
Tues							
Wed							_
	L	TOTAL HO	OURS				_
GAP COMP Hours Carried Over GAP COMP Hours Used GAP COMP Balance GAP COMP Hours Earned Final GAP COMP Balance							
EMPLOYEE SIGNATURE:SUPERVISOR (PLEASE PRINT):					DATE:		
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¹ Once completed, the form MUST be signed by the Supervisor and the Employee, the original of this form should be sent to Payroll at MSC# 10 and/or scanned to GAPTimesheet@downstate.edu. A copy should be maintained in the Department.