



# South Mississippi State Hospital

823 Highway 589 • Purvis, MS 39475

Phone: (601) 794-0100

Fax: (601) 794-0210

## Overtime/Comp time Election Form

\_\_\_\_\_ I would like to request that my overtime be paid to me each pay period in lieu of receiving comp time. I understand that bi-monthly pay for overtime will only be available for a limited time and is not guaranteed for any definite period of time.

\_\_\_\_\_ I do not want to be paid bi-monthly overtime but would like to accumulate comp time in lieu of receiving bi-monthly pay.

Name: \_\_\_\_\_ SS #: \_\_\_\_\_  
(Please print)

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

### HR USE ONLY

PIN: \_\_\_\_\_

SPAHRs: PO MP MP – *Currently showing:* FLSA Status: \_\_\_\_\_ Extra Hrs: \_\_\_\_\_

SPAHRs: PO MP MP – *Changed to the following to reflect the selection made on this form:*

FLSA Status: \_\_\_\_\_ Extra Hrs: \_\_\_\_\_ Effective: \_\_\_\_\_

Logged in SPAHRs: By: \_\_\_\_\_ Date: \_\_\_\_\_