

Name: \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

**Department:** \_\_\_\_\_

Division: \_\_\_\_\_

**Job Title:** \_\_\_\_\_

Authority Number(s): \_\_\_\_\_

For Bi-Weekly Period: From \_\_\_\_\_

to \_\_\_\_\_

**Type of Employee:**

## ■ Salarie

Hourly

**Leave Usage (To be Completed for HOURLY EMPLOYEES ONLY)**

Prepared By Signature (to be completed if form prepared by someone other than the employee): \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the above information/hours worked is correct.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have verified that the above is correct, and the overtime worked was used solely for the purpose for which it was approved.

Supervisor's Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Certified for payment in accordance with S.30(1) of the Financial Administration Act. I have verified that the above is correct, the overtime worked was used solely for the purpose for which it was

approved and sufficient funds available for payment.

Deputy Minister or Delegate: \_\_\_\_\_ Print: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Under the authority of the **Financial Administration Act**, personal information will be collected for the purpose of processing requests. Your personal information is protected by the Access to Information and Protection of Privacy Act and will not be disclosed without consent or as otherwise required by law.

For further information, contact the HR Service Centre at 709-729-7090, 1-888-729-7090 or [hrservicecentre@gov.nf.ca](mailto:hrservicecentre@gov.nf.ca).

## **Request for Compensation (Time Reporting) (OCG-802) Instructions**

### **Note:**

- The Request for Compensation (Time Reporting) form (OCG-802) is to be completed for:
  - Hourly employees and employees seeking compensation for overtime, standby, shift differential, etc. Employees governed by the Management Overtime Policy must complete the Record of Overtime Management Employees form for overtime compensation.
- Employees should consult their collective agreement for additional information/rates.
- If scanning and emailing or faxing please ensure the original size is kept.

### **General**

- The form should be completed on a bi-weekly basis and **submitted within 2 weeks of time worked**.
- You must indicate, by ticking the appropriate box, if the form is for a salaried or hourly employee.
- Regular hours and leave taken should be completed for **hourly employees only**. The number of leave hours taken must be recorded in the appropriate leave usage section. In the comments please indicate sick leave as SLU or SLC and the type of other leave taken. An approved Leave Request form must be attached for all leave taken.

SLU Sick Leave Uncertified      SLC Sick Leave Certified (Doctor's Note)      BL Bereavement Leave  
FRL Family Responsibility Leave      IDL Injury on Duty Leave      OL Other Leave

- Stat holiday pay for part-timers must be calculated using the following formula:

Number of regular hours worked in the bi-weekly pay period (the stat holiday falls on) divided by the maximum number of hours for the Collective Agreement the employees' falls under (i.e. 70, 75 or 80) multiplied by 8 for a maximum daily hours limited not to exceed the employee's regular hours for the collective agreement he/she falls under (i.e. 7, 7.5 or 8).

This time is to be recorded on the stat holiday under the **regular hours** row not the stat holiday row.

- All relevant authority numbers (e.g. overtime authority number) are to be recorded in the authority number(s) section of the form.
- Employees/Timekeepers are responsible for completing the form, ensuring accuracy, signing and forwarding for approval. A copy of the *Request for Compensation (Time Reporting)* form should be retained by the employee to aid him/her in the reconciliation of his/her TOIL balance, leave balances and/or to ensure payment received.
- As required by the Department, the form should be reviewed and verified by the employee's supervisor and forwarded for approval.
- The form must be approved for payment by the Deputy Minister or delegate (Authorized Signing Officer). The original approved form should not be returned to the employee instead it should be forwarded by the approver to the Compensation and Payroll Services Division for processing. Forms should be forwarded for processing by Compensation and Payroll Services cut off dates (schedule can be found (<http://www.intranet.gov.nl.ca/docs/default.asp>)). Please note that while Compensation and Benefits work to honour deadlines, we ask that you submit your information as early as possible to avoid high volume of submissions on deadline days. High submission volumes may lead to delays in processing. Forms received after cut off will not be processed until the following pay period. Incorrectly completed forms will be returned for correction prior to processing and could result in delays.

### **Overtime**

- Unless specified in the Collective Agreement, overtime must be approved prior to it being incurred. The related *Request for Overtime Performance* number must be recorded on the *Request for Compensation (Time Reporting)* form.
- An employee, in accordance with his/her Collective Agreement, may request to receive compensation in the form of pay or time off in lieu (TOIL). The employee must record the overtime worked in the appropriate row (1 (straight time), 1.5 (time and a half) or 2 (double time)) and totalled weekly. The actual hours worked should be recorded (e.g. if 2 hours overtime was worked at time and a half 2 hours should be recorded, not 3). Please note that there are separate rows for pay and TOIL. The total overtime recorded should not exceed the overtime worked.
- Departments are responsible for monitoring overtime to ensure the number of hours worked do not exceed the number of hours approved. It is the Department's responsibility to ensure that the necessary information is maintained at the department to do so. Directors, while reviewing their bi-weekly payroll registers, should ensure requested overtime has been correctly paid.

### **Shift Differential**

- The number of shift differential hours worked must be recorded in the appropriate row and totalled weekly.
- The shift differential rate should be recorded in the space provided under the Time Reporting Description column.

### **Call back**

- An employee, in accordance with his/her Collective Agreement, may request to receive compensation in the form of pay or time off in lieu (TOIL) for call back time worked. If the employee wishes to be compensated with pay he/she must record the call back time worked in the appropriate Call-Back (Pay) row, if he or she wishes to be compensated with TOIL he/she must record in the appropriate Overtime Hours (TOIL) row and the row(s) should be totalled weekly. The total call back time recorded should not exceed the call back time worked.

### **Standby**

- Standby shifts should be scheduled in accordance with the employee's Collective Agreement. Standby rates will not be prorated (e.g. an employee's standby shift is 10 hours they will be paid for a 12 hours shift).
- The standby rate should be recorded in the space provided under the Time Reporting Description column and the number of **standby shifts worked (not hours)** recorded in the appropriate row and totalled weekly.
- An employee can only receive compensation for standby time.

### **Stat Holiday**

- An employee, in accordance with his/her Collective Agreement, may request to receive compensation in the form of pay or time off in lieu (TOIL) for stat holiday time worked. The stat holiday rate should be recorded in the space provided under the Time Reporting Description column and totalled weekly. The number of hours worked on a statutory holiday by a full time employee or the number of hours a part timer is entitled to receive for statutory holiday pay using the pro-rated formula must be recorded in the appropriate statutory holiday hour row. The total stat holiday time recorded should not exceed the time allowed.

### **Other**

- Must be specified, broken out by day and totalled weekly.

A copy of this form can be found on the Public Service Network site (<http://www.intranet.gov.nl.ca/docs/default.asp>) or by contacting the HR Service Centre. Any questions in completing this form can be directed to the HR Service Centre.

### **HR Service Centre**

**E-mail:**[HRServiceCentre@gov.nl.ca](mailto:HRServiceCentre@gov.nl.ca)

**Phone:** 709-729-7690 or 1-888-729-7690

### **Mailing address:**

HR Service Centre  
Ground Floor, West Block,  
PO Box 8700  
St. John's, NL, A1B 4J