

## 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)   | Payee ID Number   | Unit/Dept.   | FLSA Status<br><input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt |                                 |                            |
| Position Title   | Salary Group/Rate | Work Cycle<br><input type="checkbox"/> 7-Day <input type="checkbox"/> 8-Day <input type="checkbox"/> 9-Day |  |                                 |                            |
| <b>Day Of Work Cycle</b>   | <b>Date</b>       | <b>From:<br/>Time</b>  | <b>To:<br/>Time</b>  | <b>Total Hours/<br/>Minutes</b> | <b>Supv.<br/>Signature</b> |
| 1 <sup>st</sup> Day Of Work Cycle: (check one)<br><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 <sup>nd</sup> Day Of Work Cycle: (check one)<br><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 <sup>rd</sup> Day Of Work Cycle: (check one)<br><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 <sup>th</sup> Day Of Work Cycle: (check one)<br><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 <sup>th</sup> Day Of Work Cycle: (check one)<br><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 <sup>th</sup> Day Of Work Cycle: (check one)<br><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 <sup>th</sup> Day Of Work Cycle: (check one)<br><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 <sup>th</sup> Day Of Work Cycle: (check one)<br><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 <sup>th</sup> Day Of Work Cycle: (check one)<br><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: _____ | <b>Work Cycle</b> | <b>Total Overtime:</b> _____ |
| Supervisor Signature: _____   | Date: _____ |                   |                              |
| If Required By Unit/Department Procedures,<br>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 Texas Government Code §§ 552.021 and 552.023 to receive and review the collected information. Under Texas Government 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