

**UTAH DEPARTMENT OF HUMAN RESOURCE MANAGEMENT  
UNCOMPENSATED OVERTIME CLAIM FORM**  
(For Employees in Non-exempt Positions Only)  
(Revised October 28, 2014)

This form is used by State of Utah employees who desire to make a claim to be compensated for overtime hours for which they were required or permitted to work, over the past three years up to today's date, but for which they were not compensated due to the work hours not being recorded on their previously submitted timesheets or electronic records (ESS).

Under the Fair Labor Standards Act (FLSA), FLSA non-exempt employees may not "volunteer" their time; nor can they be required to work more than 40 hours per week (or, if law enforcement, overtime hours within their designated 7 or 28 day work period) without overtime compensation in the form of direct pay or compensatory time at the rate of time and one half. If on one or more occasions you were not compensated for overtime in accordance with the FLSA during the past three years, we ask that you complete and submit this form to allow us to review and substantiate your claim. This form must be submitted with amended time sheets identifying your actual hours worked. Additional substantiating documentation may also be submitted. This form does not apply to employees classified as FLSA exempt. For State of Utah rules regarding Overtime see DHRM Rule R477-8-4. In the spaces provided below, please list specific information regarding your claim(s).

Employee Name \_\_\_\_\_ Employee EIN \_\_\_\_\_

Agency Name \_\_\_\_\_ Unit \_\_\_\_\_

What was your regular work schedule during the period(s) of uncompensated overtime you are claiming?

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Please briefly describe the duties/tasks you were performing during the period(s) of uncompensated overtime:

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Please identify the specific dates and times you worked overtime (as nearly as possible) for which you were not compensated:

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Who was your supervisor(s) during the time you are claiming to have worked uncompensated overtime?

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Please identify any reason you have for not having previously recorded on your timesheets or electronic records (ESS) the overtime hours you are now claiming:

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What is the total number of previously uncompensated overtime hours you are now claiming?

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**Claimant Certification:** Please sign and submit this form, the amended timesheets, and other supporting documentation to your current supervisor for review. Your supervisor will forward your claim to human resources for substantiation and payment.

I (claimant) swear that the information on this claim form is true to the best of my knowledge, records, and recollection. Additionally, apart from what I have indicated on this form, I have no further claims for compensation for overtime hours worked during the identified period. I understand that intentionally providing false information will be considered falsification of official time records for which disciplinary action up to including termination may be taken.

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Claimant's Signature

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Date

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**Department Review:**

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Signature of Reviewing Supervisor

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Title

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Date

Supervisor Comments (if any):

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Other Department Signature  
(if needed)

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Title

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Date

Payment made by Payroll on: