



EMPLOYMENT & HUMAN SERVICES

MEMORANDUM

Kathy Gallagher, Director

40 Douglas Drive, Martinez, CA 94553 • (925) 608-5000 • Fax (925) 313-9748 • www.ehsd.org

To: Code 2, All EHSD Staff (-less Community Services) Date: April 30, 2020
From: Cheryl McDaniel, EHSD Payroll Supervisor
Subject: Annual Notice of Enrollment for Compensatory Time

This is the annual notice for eligible employees to elect compensatory time in lieu of straight time pay/overtime pay, flexible pay, and/or holiday pay. Permanent full time and permanent part time employees who elect to accrue compensatory time must notify their departmental payroll staff of their election by May 31 of each year. Your election will remain in effect for the entire fiscal year and cannot be changed until the next comp time open enrollment for the following fiscal year. Please note, if you select "pay," all categories must be checked "pay." The same goes if you select "compensation." If you wish to continue with your current election, no form needs to be submitted.

If applicable, please complete the attached form provided by the Auditor/Controller by indicating your preference. Original signed forms must be submitted to Payroll at 40 Douglas Drive, Martinez, CA, to the ATTENTION of Manette Domingo, and received no later than May 31, 2020, for the 2020 - 2021 fiscal year. We cannot accept late submissions. As a reminder, unless specifically arranged in the work area, overtime must be discussed and pre-approved by your supervisor.

If you have questions regarding this notice, please contact your assigned payroll clerk.

Table with 4 columns: Bureau & Assignments, Payroll Staff, Phone, Email. Rows include Administration, Aging and Adult Services, Children and Family Services, Workforce Services & Workforce Services Development for Renee Giometti and Ann Barrett, Workforce Services for Kelley Curtis, Angela Bullock Hayes, Hoa Van, Jerald Sams, Sandy Bustillo, and Workforce Services for Rebecca Darnell, Robyn Currie.

Attachment C

Election of Compensatory Time in Lieu of Pay

Employee Number: _____

Employee Name: _____

Effective Date: 07/01/2020 - 06/30/2021

Flexible Hours

- Flexible Pay
- Flexible Comp

Holiday Hours

- Holiday Pay
- Holiday Comp

Straight Time Overtime Hours

- Straight Pay/Overtime Pay
- Straight Comp/Overtime Comp

Employee Signature: _____

Date Signed: _____