



**STRAIGHT-TIME OVERTIME (STO) FOR FLSA EXEMPT EMPLOYEES REQUEST FORM**

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| <b>DHR-STW-OP-Form #: To be assigned.</b> | <b>Authority: MR 4.13.6; Budget Epilogue</b>   |
| <b>Effective Date: January 11, 2021</b>   | <b>Supersedes: Straight-Time Overtime (STO) Request Form for FLSA Exempt Employees March 5, 2019</b> |

**Signature Section**

Upon submission of the request, a copy to the appointing authority or designee serves as the signature approval of the appointing authority or designee, and acknowledgment that the statements provided in this request form are correct and complete, and that funding is available to support this request within the current budget.

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party’s electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

\_\_\_\_\_  
Secretary, Department of Human Resources  Approve  Deny Date: \_\_\_\_\_

\_\_\_\_\_  
Director, Office of Management and Budget  Approve  Deny Date: \_\_\_\_\_

Approved: Effective Date: \_\_\_\_\_  Denied: Date: \_\_\_\_\_

**Part 1: Agency Human Resources: Department Information**  
**Please see the number Key on page 2 for details on completing this section**

1. Department/Division/Section Name: \_\_\_\_\_

2. Department/Division/Section Number: \_\_\_\_\_

3. Number of Overtime Hours Requested: \_\_\_\_\_

4. Time Period Covered by Request: \_\_\_\_\_

5. Start date: \_\_\_\_\_ 6. End date: \_\_\_\_\_

7. Cost Calculation: \_\_\_\_\_

8. Confirm that funding is available to meet the cost:  Yes  No

9. Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Part 2: Number Key**

1. Provide the Department, Division, and Section Name as it appears in PHRST.
2. Provide the nine-digit Department, Division, and Section Number. This is known as the DEPTID in PHRST.
3. Enter the number of total hours being requested.
4. Enter the total time period that the requested hours will cover (example: 2 weeks)
5. Enter the starting date for the requested time period (example: 10/1/17).
6. Enter the ending date for the requested time period (example: 10/14/17).
7. Include the total cost with OECs (Other Employee Costs). For assistance with costing, contact your fiscal section. Cost calculation formulas may be submitted in Excel format based on a fiscal year.
8. Confirm that funding is available to meet the cost of the request.
9. List the Department representative that the Department of Human Resources (DHR) may contact for additional information on the request.

**Part 3: Compensation Procedures**

The STO Request Form is to be used in accordance with Merit Rule 4.13.6, “in unusual circumstances of overtime, for FLSA exempt employees who would not normally be paid cash, to be paid at straight time rates.”

Complete all sections on page 1 of the STO Request Form and the questions on page 3.

The STO Request Form is to be submitted to the [DHR-Class-Comp@delaware.gov](mailto:DHR-Class-Comp@delaware.gov) mailbox with a copy to the Department’s appointing authority or designee.

- DHR will review the submitted information and will contact the Department to: (1) confirm that there is sufficient information on the request form; or (2) gather additional information via email; and/or (3) schedule a conference call with the Department’s Subject Matter Expert and Human Resources representative.
- The STO Request Form will be evaluated only when all of the information is submitted to DHR. DHR will determine if the request is justified and will discuss any alternative recommendations with the Department.
- Departments will receive written notifications from DHR of the final decision.

**Part 4: Agency Human Resources: Provide detailed responses.  
Attach additional pages if needed.**

1. Provide a detailed explanation of the circumstances which warrant this request, addressing each of the following:
  - Rationale for the specific number of hours requested.
  - Why other positions/FLSA-covered positions within the Division cannot perform the work.
  - Reason(s) why compensatory time cannot be utilized.

2. Complete the chart below with the information for each employee that is included in this request.

| Incumbent | BP# | Class Title/Code/PG | Annual Leave Balance | Compensatory Time Balance |
|-----------|-----|---------------------|----------------------|---------------------------|
|           |     |                     |                      |                           |
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|           |     |                     |                      |                           |

3. If overtime has been approved for the same reason as a previous fiscal year provide the number of hours and dollars requested, the number of hours and dollars approved, and the number of hours and dollars actually utilized.