

Compensatory Time Agreement

NOTE: This document is made available for Health Care Professional Unit employees in accordance with Article 11, Section B, Paragraph 13.C Hours of Work—Non-Exempt Employees of the UC/UPTE Agreement for the Health Care Professional Unit.

Non-exempt employees are entitled to compensation at the time and one-half rate (premium rate) for all hours worked after 40 hours in a workweek. In accordance with the Fair Labor Standards Act (FLSA), and, as outlined in the Health Care Professional Unit Bargaining Agreement, overtime will be compensated at the appropriate rate either by pay or compensatory time off. Unless the employee and the University agree otherwise, overtime will be paid.

Compensatory time shall be paid or scheduled by the University in accordance with the needs of the University and shall not be unreasonably denied. Accumulation of compensatory time is limited to a maximum of two hundred and forty (240) hours. An employee shall be paid for hours of overtime that exceed this limit.

If you agree to receive compensation for overtime in the form of compensatory time off, check the box below, sign and date this notice, and return it to your supervisor for placement in your personnel file.

If you indicate below that you do not agree to accept compensatory time off in lieu of pay, you will receive payment for overtime.

An employee may, upon hire and thereafter during the month of June, file a written indication of preference for either compensatory time off or pay with her/his immediate supervisor. The University shall grant the preference indicated. If no preference is indicated to the department in the annual June period, the employee's previous election shall continue.

I agree to accept compensation for overtime in the form of compensatory time off.

Print Name _____
Signature _____ Date _____

If you do not agree to accept compensatory time off in lieu of pay, check the box below, sign and date this notice, and return it to your supervisor for placement in your personnel file.

I **do not** agree to accept compensation for overtime in the form of compensatory time off.

Print Name _____
Signature _____ Date _____