

## Compensatory Time Agreement

**NOTE: This document is made available for Patient Care Technical Unit employees in accordance with Article 12, Section I, No. 1., Hours of Work—Compensation of Overtime of the UC/AFSCME agreement for the Patient Care Technical 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 Patient Care Technical Unit Bargaining Agreement, overtime will be compensated at the appropriate rate either by pay or compensatory time off if the department offers compensatory time off. Unless the employee and the University agree otherwise, overtime will be paid.

Compensatory time shall be scheduled by the University and taken within two (2) six- (6-) month bank periods (January 1 – June 30; July 1 – December 31). Compensatory time not paid, or scheduled within the bank period in which it is earned or in the bank period following that in which it is earned, shall be paid in the next regularly scheduled pay period at the employee's then current rate unless an extension has been granted by mutual consent of the employee and the University. 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 exceeds 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 departmental general 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. If you do not make an election, 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.

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 \_\_\_\_\_