

Compensatory Time Agreement

NOTE: This document is made available for Nurse Unit employees in accordance with Article 14, Section K, Paragraph 2, Hours of Work: Compensation of Overtime of the UC/CNA agreement for the Nurse 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 Nurse 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 paid or scheduled by the University in accordance with departmental needs. 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 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 _____