
Date: _____

Name: _____

Facilities Services Department

Re: **Compensatory Time Agreement**

Dear _____:

I agree to accept compensatory time instead of cash payment for overtime work performed by me for the University. I understand that the rate of compensatory time will be one-and-one half (1 ½) times all actual overtime hours worked. I also understand that by signing this agreement, the University retains the option to use either cash or compensatory time to pay the overtime work performed by me. I further understand that University budgets may not permit the use of compensatory time and it may use flex time as an alternative to scheduling.

I understand compensatory leave must be used within 120 days (4-months) of the end of the pay period within which it is earned.

It is campus policy that a classified employee may work overtime only with a supervisor's prior written approval. Failure to receive advance written approval for overtime may result in a corrective or disciplinary action.

Please sign and return this form to your supervisor.

By signing below, I indicate that I have read and agreed to the terms of this agreement.

Employee Signature

Date

Supervisor Signature

Date

cc: Hiring Authority

Updated 12/04