

## OVERTIME COMPENSATION AGREEMENT

*(Applicable to FLSA non-exempt employees)*

Employee's Full Name:

Employee's ID:

Department Name:

Division Name:

I understand that, as a **non-exempt** employee subject to the Fair Labor Standards Act (FLSA), I may elect to receive overtime pay (*paid out on the pay period in which it was earned*) at one and one-half times my regular rate of pay or compensatory time off (*accrues for use at a later date*) at a rate of one and one-half hours for each hour worked in excess of 40 hours in a workweek, excluding all leave and holiday time.

I understand that it is at the discretion of my agency whether or not to offer compensatory time and that my agency reserves the right to make payment even though I may elect to receive compensatory time off for the overtime hours worked.

I also understand that all decisions regarding overtime worked and compensatory time require **prior** approval of my supervisor, are at the discretion of my division director, and that decisions may be based upon budgetary or operational constraints.

In view of the foregoing,

I elect to accrue **compensatory leave** at a rate of one and one-half hours for each hour worked in excess of 40 hours actually worked in a workweek. This election is subject to [HR Policy 4-200 Leave Practices](#) and [HR Policy 5-100 Pay Practices](#). I acknowledge that I am aware of and understand these rules and policies.

OR

I elect to accept **monetary payment** at a rate of one and one-half times my regular rate of pay for each hour worked in excess of 40 hours actually worked in a workweek.

THIS AGREEMENT will remain in effect until I cancel it and a new election is made. My election will become effective beginning the next possible pay period after the election is made.

Employee Signature

Date

Division Director Signature

Date