

Compensatory Time Off Agreement

 Service Unit (SX)

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| **Compensatory Time Off Election Form** |
| Consistent with [Article 13 – Hours of Work](https://ucnet.universityofcalifornia.edu/labor/bargaining-units/sx/docs/sx_article_13.pdf) of the [UC- AFSCME Agreement](https://ucnet.universityofcalifornia.edu/labor/bargaining-units/sx/contract.html) covering Service Unit employees and in accordance with the Fair Labor Standards Act (FLSA), overtime will be compensated either by pay or by compensatory time off (CTO) **if the department offers CTO**. Non-exempt employees are entitled to compensation at the appropriate rate for hours worked that exceed 40 hours in a work week. The contract states:* Unless the employee and the University agree otherwise, overtime will be paid. If you do not sign and return this form, you will be paid for all overtime worked.
* An employee may, upon hire and in the month of June thereafter, file a written statement of preference to receive CTO in lieu of pay with their supervisor. The University shall grant the preference indicated.
* Accumulation of compensatory time off 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.
* Compensatory time shall be paid or scheduled by the University in accordance with departmental needs. An employee may request to schedule accumulated CTO. An employee’s request for scheduling of banked CTO shall be granted subject to the needs of the University and shall not be unreasonably denied.
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| **Employee Election** |
| [ ]  I elect to receive compensatory time off (CTO) in lieu of pay for overtime hours worked effective this date. I understand that my selection can only be changed in the month of June of each year. I understand that the department will provide this form in June of each year if it is still offering compensatory time off.  |
| [ ]  I elect to receive monetary compensation for any and all compensable overtime hours I work.Employee’s Name Employee’s Signature Date  |
| Supervisor’s Name Supervisor’s Signature DateDistribution: Original - Personnel File Copy – Employee Copy – Department Payroll Coordinator or Shared Services Center |