OVERTIME / COMPENSATORY TIME
EMPLOYEE'S COMPENSATORY TIME ELECTION FORM

Please print

NAME _____ **ID#** _____

DEPARTMENT _____ **COST CENTER#** _____

_____ I wish to **accumulate compensatory time** for overtime hours worked in lieu of overtime pay.

_____ I wish to be **paid overtime** on my paychecks.

_____ I wish to **cash out** my accumulated compensatory time.

By my signature, I am also indicating that I have read and understand the following:

- The maximum accrual allowed for compensatory time is 40 hours.
- All overtime within a single pay period must be charged in the same manner. (i.e. All compensatory time or all overtime must be charged; not half compensatory time and half overtime)
- If at anytime I wish to change my election on the accumulation of compensatory time, I will need to complete a new Employee's Compensatory Time Election Form. Should I submit a new form changing my election it will be effective for the current pay period (as long as it is received by Human Resources by the last day of the pay period).

SIGNATURE: _____ DATE: _____

TITLE: _____

For Human Resources Use Only:

_____ Delete CASH FLSA Override By: _____

_____ Replace CASH FLSA Override Date: _____

_____ CASH OUT ____ Hours