

COMPENSATORY TIME AGREEMENT (Comp Time)

This form is used to **Start** a Comp Time Agreement, **Rescind** a previous Comp Time Agreement or **Request** a payout. The information on this form will be effective in the pay period in which the form is received by the Human Resources Department.

Comp Time is time off granted in lieu of overtime payment for non-exempt employees. For every hour worked, eligible non-exempt employees (Regular, Limited Term and Temporary) would be granted one and one-half hours of comp time off. These hours are tracked in the employee's Compensatory Plan leave bank. Employees may accrue a Comp Time balance of up to 60 hours (maximum hours may vary by department). Any hours worked beyond the maximum allowed must be paid at the overtime rate.

The Appointing Authority may rescind the Compensatory Time Agreement at any time.

Employee Name _____ EE# _____ Dept. _____
(Print)

_____ **Comp Time Agreement**

I would like to be compensated for overtime hours with compensatory time off in lieu of overtime payment. If this request is approved, only overtime hours worked **after** the date of the approval are eligible to be earned as compensatory time off.

_____ **Pay Out All or Part of Comp Time Balance—Continue Comp Time Agreement**

I would like to retain my Comp Time agreement and be paid out for all or part of the hours accrued in my Compensatory Plan leave bank. I will continue to earn Comp Time for all overtime hours worked.

- Pay Out ALL hours in Compensatory Plan leave bank.
 Pay Out Part of Compensatory Plan leave bank – List the number of hours to be paid out: _____

_____ **Rescind Agreement - Pay Out All or Part of Comp Time Balance**

I would like to rescind my Comp Time agreement and be paid out for all or part of the hours accrued in my Compensatory Plan leave bank. I will be paid for all overtime hours worked from this point forward.

- Pay Out ALL hours in Compensatory Plan leave bank.
 Pay Out Part of Compensatory Plan leave bank – List the number of hours to be paid out: _____

Employee Signature

Date

Print Supervisor Name

Signature - Supervisor

For Appointing Authority Use Only

Date: _____

APPROVED

Print Appointing Authority Name: _____

DENIED

Signature – Appointing Authority: _____

_____ **Rescind Agreement - Pay Out All or Part of Comp Time Balance**

The Appointing Authority is rescinding your Comp Time agreement. You will be paid out for all or part of the hours in your Compensatory Plan leave bank. You will be paid for all overtime hours worked from this point forward.

- Pay Out ALL hours in Compensatory Plan leave bank.
 Pay Out Part of Compensatory Plan leave bank – List the number of hours to be paid out: _____