

NOTE: This document is made available for Clerical Unit employees in accordance with Article 10, Hours of Work, Section B. Non-Exempt Employees, Paragraph 11, Overtime of the UC/Teamsters agreement for the Clerical Unit.

Overtime is time worked which exceeds the hours of a full-time employee's regular daily schedule on pay status or exceeds forty (40) hours in a workweek.

Overtime hours are compensated at one and one-half times (1½X) the straight-time rate for hours actually worked which exceed the hours of a regular scheduled shift of eight (8) hours or more a day, or forty (40) hours in a workweek.

Overtime hours are compensated at two times (2x) the straight-time rate for hours worked in excess of 12 hours in a day.

In accordance with the Fair Labor Standards Act (FLSA), and, as outlined in the Clerical Unit Bargaining Agreement, overtime will be compensated at the appropriate rate either by pay or compensatory time off if the department offers compensatory time off. Unless the employee and the University agree otherwise, overtime will be paid.

Compensatory time shall be paid or scheduled by the University in accordance with departmental needs. Accumulation of compensatory time 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.

If you agree to receive compensation for overtime in the form of compensatory time off, check the box below, sign and date this notice, and return it to your supervisor for placement in your departmental personnel file.

If you indicate below that you do not agree to accept compensatory time off in lieu of pay, you will receive payment for overtime.

Unless the employee and the University agree otherwise, overtime will be paid. An employee may, upon hire and thereafter during the month of June file a written indication of preference for either compensatory time off or pay with her/his immediate supervisor. The University shall grant the preference indicated.

I agree to accept compensation for overtime in the form of compensatory time off.

Print Name _____

Signature _____

Date _____

If you do not agree to accept compensatory time off in lieu of pay, check the box below, sign and date this notice, and return it to your supervisor for placement in your personnel file.

I do not agree to accept compensation for overtime in the form of compensatory time off.

Print Name _____

Signature _____

Date _____