

University of California at Irvine
Registered Nurses Bargaining Unit
Compensatory Time Agreement

NOTE: This document is made available for Registered Nurses Unit employees in accordance with Article 14, Section M, paragraph 3, Hours of Work – Overtime, Compensatory Time Bank of the agreement for the Registered Nurses Unit.

Non-exempt employees are entitled to compensation at the time and one-half rate (premium rate) for all hours worked after 40 hours in a workweek. In accordance with the Fair Labor Standards Act (FLSA), and, as outlined in the Registered Nurses Unit Bargaining Agreement, overtime will be compensated at the appropriate rate either by pay or 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 within two (2) six- (6-) month bank periods. Compensatory time not paid, or scheduled within the bank period in which it is earned or in the bank period following that in which it is earned, shall be paid in the next regularly scheduled pay period, unless an extension has been granted by mutual consent of the Nurse and the University. A Nurse may request scheduling of banked compensatory time. A Nurse's request for the scheduling of banked compensatory time shall be granted subject to the needs of the University and shall not be unreasonably denied. 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 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.

The preference indicated on this form will remain in effect until it is superceded by a revised form with a more recent date OR until the department opts to discontinue using compensatory time off as a method of compensation for overtime.

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

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.

Signature _____ Date _____