

University of California at Irvine
Non-Exempt Employees Not Represented by a Bargaining Unit
Compensatory Time Agreement

NOTE: Nonexempt employees are required to receive this notice under the Fair Labor Standards Act. The preference chosen by an individual shall have no effect on the University's decisions relative to subsequent personnel actions.

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), premium overtime will be compensated either by direct payment or by compensatory time off. The method selected shall be at management's discretion. If the employee does not agree with leaving the method of compensation to management's discretion, then premium overtime will be compensated with pay.

Compensatory time off received at the premium rate may be preserved, used, or cashed out in accordance with the provisions of 7(o) of the FLSA and applicable University policy.

Since your position has been designated as nonexempt, this is to advise you that, as a condition of employment, all premium overtime earned will be compensated either with pay or with compensatory time off at management's discretion. Accordingly, unless you indicate on this form that you do not agree with this, you will be considered to have knowingly and voluntarily accepted this condition of employment.

If you indicate below that you do not accept this condition, you will receive payment for premium overtime, and this will continue unless the University agrees with you at some future time that you may receive compensatory time off (or direct payment) at management's discretion.

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. If no preference is indicated to the department in the annual June period for changes, the employee's previous election shall continue.

The preference indicated on this form will remain in effect until it is superceded by a revised form with a more recent date OR until the department opts to discontinue using compensatory time off as a method of compensation for overtime.

If you agree to the condition of employment outlined above, check the box below, sign and date this notice, and return it to your supervisor for placement in your Human Resources personnel file.

<input type="checkbox"/>	I am <u>willing</u> to accept compensation for premium overtime in the form of compensatory time off. Print Name _____ Signature _____ Date _____
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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.

<input type="checkbox"/>	I am <u>unwilling</u> to accept compensation for premium overtime in the form of compensatory time off. Print Name _____ Signature _____ Date _____
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