

FLSA Compensatory (Comp) Time Acknowledgment Form for Full-time Nonexempt Employees

By signing below, I acknowledge the following:

I understand that my position is covered under the federal Fair Labor Standards Act (FLSA). I also understand that I am eligible to receive overtime pay at one and one-half times my current rate of pay, OR, in lieu thereof, to receive paid time off at the rate of one and one-half hours off for each hour of employment for which overtime compensation is required.

I understand this acknowledgment form must be executed by me and my supervisor *before* I can accrue or use comp time. I also understand that comp time, in lieu of overtime, only applies to hours worked over 40 within a work week. At the University, the work week runs from 12:01 am Sunday and ends the following Saturday at 12:00 midnight.

I further understand that comp time may be accrued up to a maximum of 160 hours and must be used or paid in accordance with University practices and applicable law. I also understand that comp time may be limited, used, or paid out consistent with the provisions of University practices and the law.

I understand that my department is ultimately responsible for monitoring and maintaining records of my accrued and used comp time. I understand that if I would resign or be terminated from my position, transfer from my department, or be promoted into an exempt position, the department in which the overtime was incurred is responsible for arranging for me to use or be paid the balance of my accrued compensatory time at my final hourly rate of pay prior to termination or a change in position.

I understand that this acknowledgment form will remain in effect during my employment at the University, unless revoked, revised, or updated, as may be needed by the department, due to a change in my position, or due to any changes to applicable law.

Acknowledged By:

Employee Signature: _____

Print Name: _____ Date: _____

Supervisor Signature: _____

Print Name: _____ Date: _____