

OVERTIME/COMPENSATORY TIME AGREEMENT

This is an agreement between the University of North Florida, Office of _____
(hereinafter referred to as the department) and _____ (employee).

This agreement establishes the terms and conditions of compensatory time accrual or payment of time for overtime purposes.

The employee elects to participate in one of the two time methods and to follow the applicable guidelines and policies. The supervisor agrees with the employee's participation.

Duration: This agreement will be valid until a new agreement is submitted and approved. The employee may modify this agreement quarterly: January 1, April 1, July 1, and October 1.

Overtime/Compensatory Time:

1. The employee's time and attendance will be recorded daily and shall correspond with actual hours worked.
2. All overtime must be approved in advance by the employee's supervisor.
3. The employee may carry 80 hours forward into the fiscal year.
4. The employee must exhaust all accrued compensatory leave first, and then use accrued sick and/or annual leave.

Please check one:

- I elect to receive cash payment for any overtime hours worked in accordance with established University of North Florida and FLSA guidelines.
- I elect to accrue compensatory time for any overtime hours worked in accordance with established University of North Florida and FLSA guidelines.

I, _____ understand that this agreement is in effect until a new agreement is submitted and approved, and it may not be revoked unless authorized by the Office of Human Resources. I understand that I may modify this agreement quarterly: January 1, April 1, July 1, and October 1.

Employee: _____ Date: _____

N Number: _____

Supervisor: _____ Date: _____

Appropriate Higher Level Supervisor _____ Date: _____

PLEASE SUBMIT THE ORIGINAL OF THE APPROVED DOCUMENT TO THE VICE PRESIDENT OF HUMAN RESOURCES IMMEDIATELY.

Retain a copy for your files, and provide a copy to the employee.