

**UNIVERSITY OF CALIFORNIA
OFFICE OF THE PRESIDENT (UCOP)
CLERICAL AND ALLIED SERVICES UNIT
COMPENSATORY TIME OFF (CTO) ELECTION FORM**

The “local” Office of the President (UCOP), has decided to offer its Clerical and Allied Services Unit employees the choice of being compensated for any and all overtime worked either by monetary payment or compensatory time off (CTO). In accordance with the University of California (UC) and Teamsters 2010 Coalition of University Employees (CUE) Agreement for the Clerical Unit (December 2011 – November 2016), Article 10, Hours of Work; Section K, Overtime; Paragraph 3, Compensation of Overtime, you can enter into this agreement by signing below.

As stated in the Agreement, “an employee may...during the month of June file a written indication of preference for either compensatory time off or pay with her/his immediate supervisor.” Your preference on compensation for overtime will be reviewed ANNUALLY during the month of June; OR until such time that the “local” UCOP division and/or department opts to discontinue its practice of using CTO as a method of compensation for overtime.

Your division and/or department designee shall grant your preference for the payment of overtime as indicated below for any and all compensable overtime hours you work as defined in Article 10, Hours of Work; Section K. Overtime; Paragraph 1., Definition.

If you choose to decline the offer to receive CTO as compensation for overtime for any and all compensable overtime hours you work, you will receive monetary compensation.

Please check one of the boxes provided and affix your signature as indicated below.

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 agree to accept compensation for overtime in the form of compensatory time off. Print Name _____ Signature _____ Date _____
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<input type="checkbox"/> I do not agree to accept compensation for overtime in the form of compensatory time off. Print Name _____ Signature _____ Date _____

cc: Original – Employee Personnel File
Copy - Employee
Copy – Supervisor
Copy- Payroll (BRC/Ana Trejo or Dept. Payroll Manager)