

UNIVERSITY OF CALIFORNIA
OFFICE OF THE PRESIDENT (UCOP)
NON-REPRESENTED/UNCOVERED NON-EXEMPT PROFESSIONAL SUPPORT STAFF (PSS)
COMPENSATORY TIME OFF (CTO) ELECTION FORM

The local Office of the President offers its non-represented and uncovered non-exempt Professional Support Staff (PSS) 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, Personnel Policies for Staff Members (PPSM), Policy 32, Overtime (Non-exempt Employees Only), overtime shall be paid at the appropriate rate either by compensatory time off (CTO) or pay. For overtime which is compensable at the premium rate of overtime, the method of compensation (either CTO or pay) shall be at management's discretion, unless agreement regarding the method of compensation is not reached, in which case pay shall be provided instead of CTO. This means that an employee must specifically agree to receive CTO as payment for premium overtime.

An employee will be permitted to use CTO within a reasonable period after making a request if the use of CTO does not unduly disrupt the operations of the department/unit. For further detail, please refer to the policy and applicable UCOP Human Resources (HR) Procedures.

This agreement regarding your compensation for overtime will be reviewed annually in June of each year, or until such time, that the division/department opts to discontinue its practice of using CTO as a method of compensation for overtime.

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. If you do not make an election, you will receive payment for overtime.

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

Print Name _____

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.

Print Name _____

Signature _____ Date _____

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