

**UNIVERSITY OF CALIFORNIA
OFFICE OF THE PRESIDENT (UCOP)
TECHNICAL BARGAINING UNIT
COMPENSATORY TIME OFF (CTO) ELECTION FORM**

NOTE: This document is made available for Technical Unit employees in accordance with Article 13, Hours of Work, Section J, Paragraph 3; Compensation of Overtime of the UC/UPTE agreement for the Technical Unit (August 8, 2019 – October 31, 2024).

Non-exempt employees are entitled to compensation at the time and one-half rate (premium rate) for all hours worked which exceed the hours of a full-time employee's regular daily schedule on pay status or exceed forty (40) hours on pay status in a workweek. In accordance with the Fair Labor Standards Act (FLSA), and, as outlined in the Technical Unit Bargaining Agreement, overtime will be compensated at the appropriate rate either by pay or compensatory time off if the department offers compensatory time off. Unless the employee and the University agree otherwise, overtime will be paid.

Compensatory time shall be paid or scheduled by the University in accordance with departmental needs. Accumulation of compensatory time is limited to a maximum of two hundred and forty (240) hours. An employee shall be paid for hours of overtime that exceeds this limit.

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.

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

If you do 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 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- UCOP HR Payroll (election will be recorded in TRS)