

**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 (December 20, 2013 – September 30, 2017).**

Non-exempt employees are entitled to compensation at the time and one-half rate (premium rate) for all hours worked after 40 hours 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 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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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 do not agree to accept compensation for overtime in the form of compensatory time off. Print Name _____ Signature _____ Date _____
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cc: Original – Employee Personnel File  
Copy - Employee  
Copy – Supervisor  
Copy- Payroll (BRC/Ana Trejo or Dept. Payroll Manager)