



## Compensatory Time Agreement

*Please complete, sign, and return this form to the Departmental Time and Attendance Clerk.*

I understand that my employment with the University of Nebraska–Lincoln (UNL) may require me to work additional hours in excess of 40 hours a week, and, that as an hourly-paid employee, I am entitled to receive compensation for those additional hours worked in the form of monetary pay at the rate of one and one-half the hourly rate (overtime pay). I also understand that as a state government employee, the University at my supervisor’s discretion may offer me compensatory time off in lieu of overtime pay at the rate of one and one-half hours for each hour worked in excess of 40 hours in a workweek if I agree to this substitution. Therefore, I hereby (please check only one)

Agree

Do not agree

to accept compensatory time off in lieu of monetary overtime payment. I further understand that I will be permitted to use accrued compensatory time off on the date requested unless doing so would unduly disrupt UNL’s operations.

Employee Signature: \_\_\_\_\_

Personnel Number: \_\_\_\_\_

Date: \_\_\_\_\_