

**COMPENSATORY TIME AGREEMENT**

I, \_\_\_\_\_

(print your first and last name)

Understand that my employment with the University of Nebraska Medical Center may require 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. I also understand that as a state government employee, the University, at the supervisor's discretion may offer me compensatory time off 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 within a reasonable time of making a request to use such time at the University's sole discretion.

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

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

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

**Please complete, sign, and return this form to your department representative.**