

**COMPENSATORY TIME OFF AGREEMENT - JUNE 2018 ELECTION
CLERICAL AND ALLIED SERVICES UNIT (CX)**

The department has decided to offer employees the choice of being compensated for any overtime hours they work either by cash or by Compensatory Time Off (CTO). In accordance with the Article 10 - Hours of Work, Section L – Overtime, Paragraph 3 - Compensation of Overtime, of the current contract for the Clerical and Allied Services (CX) Unit, you can enter into this written agreement which will expire the following June 30, 2019 by signing below. As stated in the Contract, your decision on compensation for overtime will be renewed each June until such time that the Department opts to discontinue using CTO as a method of compensation for overtime.

If you choose to decline the offer to receive CTO as compensation for overtime for any and all compensable overtime hours you work, you will receive monetary compensation. The Department shall grant the preference indicated.

Please indicate your agreement to receive CTO as compensation for overtime for any and all compensable overtime hours you work. Compensable overtime hours are defined in Article 10 - Hours of Work, Section K – Overtime, Paragraph 1 - Definition.

I, **[Employee Name]**, agree to receive CTO as stated above.

| | | |
|---------------------|--------------------|------|
| Print Employee Name | Employee Signature | Date |
|---------------------|--------------------|------|

I, **[Employee Name]**, decline the offer to receive CTO as stated above.

| | | |
|---------------------|--------------------|------|
| Print Employee Name | Employee Signature | Date |
|---------------------|--------------------|------|

Supervisor or other Department Representative:

| | | |
|-----------------------|----------------------|------|
| Print Supervisor Name | Supervisor Signature | Date |
|-----------------------|----------------------|------|

Department Chair/Director or Designee as needed:

| | | |
|-----------------------|----------------------|------|
| Print Dept Chair Name | Dept Chair Signature | Date |
|-----------------------|----------------------|------|

cc: Original - Employee Personnel File
Copy - Employee
Copy - Supervisor
Copy – Human Resources