

**UNIVERSITY OF CALIFORNIA**  
**Division of Agriculture and Natural Resources**  
**NON-EXEMPT ACADEMIC APPOINTEES**  
**COMPENSATORY TIME OFF (CTO) ELECTION FORM**

The Division of Agriculture and Natural Resources (ANR) offers its non-represented and uncovered non-exempt academic appointees (NEX) the choice of being compensated for any and all overtime worked either by monetary payment (pay) or compensatory time off (CTO).

In accordance with the University of California policy, Overtime (Non-exempt Employees Only), overtime shall be paid at the appropriate rate either by compensatory time off (CTO) or pay. You can enter into this agreement which will expire the following **June 30, 2021**, by signing below. For overtime which is compensable at the premium rate of overtime, the method of compensation (either CTO or pay) shall be at management's discretion, unless agreement regarding the method of compensation is not reached, in which case pay shall be provided instead of CTO. This means that an employee must specifically agree to receive CTO as payment for premium overtime if he/she does not wish to elect pay.

An employee will be permitted to use CTO within a reasonable period after making a request if the use of CTO does not unduly disrupt the operations of the department/unit. This agreement regarding your compensation for overtime will be reviewed annually in June of each year, or until such time that UC Cooperative Extension \_\_\_\_\_ County opts to discontinue its practice of using CTO as a method of compensation for overtime.

***If you choose to decline the offer to receive CTO as compensation for overtime, you will receive pay for any and all compensable overtime hours you work.***

Please check one of the boxes provided and sign this agreement as indicated below.

Employee Name:

Position Title:

I agree to receive CTO as stipulated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I decline the offer to receive CTO as stipulated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor or Departmental Designee, as appropriate

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division/Department Director or Designee, as appropriate

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

cc: Original – Employee Personnel File  
Copy - Employee  
Copy – Supervisor  
Copy - Division-Department/Director or Designee