

**UNIVERSITY OF CALIFORNIA  
Agriculture and Natural Resources  
COMPENSATORY TIME OFF AGREEMENT - JUNE 2025-JUNE 2026 ELECTION  
PROFESSIONAL SUPPORT STAFF (PSS)**

The department has decided to offer its non-represented and uncovered non-exempt Professional Support Staff (PSS) the choice of being compensated for any and all overtime worked either by monetary payment or compensatory time off (CTO).

In accordance with the University of California, Personnel Policies for Staff Members (PPSM), Policy 32, Overtime (non-exempt employees only), overtime shall be paid at the appropriate rate either by CTO or pay. You can enter into this written agreement which will determine how you wish to be compensated for overtime by making your election and signing below. You will have an opportunity to change your election in June of each year or until such time that the department opts to discontinue using CTO as a method of compensation for overtime. If you have previously made an election and do not wish to change it, this form is not necessary, and your previous year's election will continue.

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 the department 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 monetary compensation for any and all compensable overtime hours you work.**

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

I agree to receive CTO as stated above.

---

Print Employee Name

---

Employee Signature

---

Date

I 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

Director or Designee:

---

Print Director Name

---

Director Signature

---

Date

Original: Employee Personnel File

Copy: Payroll