

**UNIVERSITY OF CALIFORNIA**  
**Agriculture and Natural Resources**  
**COMPENSATORY TIME OFF AGREEMENT - JUNE 2025-JUNE 2026 ELECTION**  
**PROFESSIONAL SUPOORT 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
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- ☐ I decline the offer to receive CTO as stated above.

_____ Print Employee Name	_____ Employee Signature	_____ Date
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Supervisor or other Department Representative:

_____ Print Supervisor Name	_____ Supervisor Signature	_____ Date
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Director or Designee:

_____ Print Director Name	_____ Director Signature	_____ Date
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Original: Employee Personnel File  
Copy: Payroll