

UNIVERSITY OF CALIFORNIA
Agriculture and Natural Resources
COMPENSATORY TIME OFF AGREEMENT - JUNE 2024-JUNE 2025 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 agreement which will expire June 30, 2025, 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.

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