Compensatory TIME OFF Election Form

for

RESEARCH SUPPORT PROFESSIONAL unit employees

The UC-UPTE agreement contract which covers Research Support Professional Unit employees describes how overtime will be compensated. A copy of the entire contract can be found at:<http://hr.berkeley.edu/labor/contracts/RX>.

Article 13, Hours of Work, Section J.3 a-b, states that overtime will be compensated either by pay or by compensatory time off (CTO) if the department offers CTO. This department offers Research Support Professional Unit employees the option of receiving compensatory time off (CTO) in lieu of pay for all overtime worked. The contract states:

* Unless the employee and the University agree otherwise, overtime will be paid.
* If you have previously filed an election form stating and you do not want to change your election, you do not need to refile the form.
* If you have not previously elected CTO or if you wish to change your election, you must complete and file this form and submit it to your supervisor no later than June 30, 2020.
* Compensatory time off hours may be banked up to a maximum of two hundred forty (240) hours. An employee will be paid for hours of overtime that exceed this limit.
* Compensatory time shall be paid or scheduled by the University in accordance with departmental needs. An employee may request to schedule accumulated CTO. An employee’s request for scheduling of banked CTO shall be granted subject to the needs of the University and shall not be unreasonably denied.

Employee Request for Compensatory Time

I am requesting that I receive Compensatory Time Off (CTO) in lieu of pay for overtime hours worked effective this date. I understand that my selection can only be changed in the month of June of each year, unless my supervisor and I mutually agree otherwise.I understand that the department will provide this form in June of each year if it is still offering compensatory time off. I understand that if I do not file this form in June, my previous election shall continue.

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**Employee’s Name Employee’s Signature Date**

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**Supervisor’s Name Supervisor’s Signature Date**

**Distribution: 1 copy for department file**

 **1 copy for employee**

 **1 Copy for CSS-Payroll and Timekeeping**