

# Shepherd University Compensatory Time Off Agreement

This form is to be completed and signed by an employee and the employee's supervisor each time an employee is to be awarded Compensatory Time Off (CTO) for overtime work. It is not necessary to complete the form if the employee will be paid for the overtime work. Also, if flex time is used within the work week, then this form is not required.

- This original document is to be filed with the employee's supervisor, and the employee should maintain a copy for his/her records. Supervisors, please send a copy of the completed, signed form to the Human Resources Office after the CTO has been used, which must be within one year of when it is accrued.
- In order for CTO to be applied, the supervisor and employee both must agree to that arrangement in advance of the overtime work. Employees are not required to accept CTO in lieu of overtime pay and supervisors are not required to give CTO in lieu of overtime pay.
- Please refer to the Shepherd University Staff Handbook and Board of Governors Policy 9 for policies related to overtime work.

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I agree to accept time off as compensation for overtime work and to use Compensatory Time Off (CTO) in accordance with Shepherd University policy. I understand that compensatory time may be limited, preserved, used or paid consistent with the provisions of Shepherd University policy and applicable law and regulations of the U.S. Department of Labor, and that my supervisor may require me to take any accrued CTO before or instead of using annual leave, unless I should be at my maximum annual leave balance.

**Employee's Name (Print):** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Name (Print):** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Date Comp Time Accrued:</b> <b>Number of Hours Accrued:</b> <b>Reason:</b>	<b>Date(s) Comp Time Used:</b>
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