

**COMPENSATORY TIME OFF ELECTION FORM  
FOR  
CLERICAL UNIT EMPLOYEES**

The UC-CUE union contract which covers employees throughout the UC system, describes how overtime will be compensated. A copy of the entire contract can be found at:  
[http://atyourservice.ucop.edu/employees/policies/systemwide\\_contracts/cx/index.html](http://atyourservice.ucop.edu/employees/policies/systemwide_contracts/cx/index.html).

In the contract, Article 10, Hours of Work, Section K.3. states that overtime will be compensated either by pay or by compensatory time off (CTO) **if** the department offers CTO. This department offers clerical 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 do not sign and return this form, you will be paid for all overtime worked.
- When hired, and in the month of June thereafter, an employee may file a written statement of preference to receive CTO in lieu of pay. The department will grant the preference indicated.
- 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 which 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 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 the UC-CUE union contract changes. Finally, I understand that if the department is still offering compensatory time off it will provide this form in June of each year. I understand that if I do not refile this form in June, I will receive pay for all overtime hours worked.

\_\_\_\_\_  
**EMPLOYEE'S NAME**

\_\_\_\_\_  
**EMPLOYEE'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SUPERVISOR'S NAME**

\_\_\_\_\_  
**SUPERVISOR'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**DISTRIBUTION: 1 COPY FOR DEPARTMENT FILE  
1 COPY FOR EMPLOYEE**