

**Coastal Carolina University
Payroll Office**

Compensatory Time Agreement

I, _____, voluntarily agree to accept compensatory time off in lieu of overtime pay for all hours **worked** in excess of 40 in a workweek. I understand that I will be granted compensatory time off at the rate of one and one-half times the hours **worked** in excess of 40 in a workweek. I further understand that my balance of unused compensatory time can not exceed 240 hours (or 480 hours for public safety and emergency response employees). I understand that a copy of the University's Minimum Wage and Overtime Compensation Policy (1229.05) is available for me to review at anytime on HREO Workplace (Intranet) or in the Office of Human Resources and Equal Opportunity during normal work hours for the University. I understand that it is my responsibility to contact the Office of Human Resources and Equal Opportunity if I have any questions regarding the Minimum Wage and Overtime Compensation Policy. If I have questions regarding the actual processing of compensatory time, I will contact the Payroll Office for assistance.

Employee Signature

Date

Employee SSN (Required)

Department

Supervisor Signature

Date

Principal Investigator Signature (if applicable)

Date

Department Head or Designee Signature

Date

The requirement that compensatory time accrues or overtime pay is paid after 40 hours worked in a workweek is required by the Fair Labor Standards Act, a federal law, and may not be waived by the employer or employee.

This form must be maintained in the Payroll Office.