



State of Utah
Department of Human Resource Management

**OVERTIME COMPENSATION ELECTION/AGREEMENT
FOR FLSA NON EXEMPT EMPLOYEES**

Please complete and fax to ERIC at 801 538-3616 or email scanned document to erictransactions@utah.gov

Employee's Full Name: _____ Employee ID: _____

Agency/Dept: _____ Division: _____

I understand that, as an employee subject to the Fair Labor Standards Act (FLSA), I may elect to receive overtime pay (**paid out on the payday in the pay period in which it was earned**) at one and one-half times my regular rate of pay or compensatory time off (**accrues for use at a later date**) at a rate of one and one-half hours for each hour worked in excess of 40 hours in a workweek, excluding all leave and holiday time. I understand that the employing agency reserves the right to make payment even though I may elect to receive compensatory time off for the overtime hours worked. Additionally, this agreement is subject to agency policy which may designate a particular election as an express condition of employment.

In view of the foregoing,

- I elect to accrue **compensatory leave** at a rate of one and one-half hours for each hour worked in excess of 40 hours actually worked in a workweek. This election is subject to DHRM Rule R477-8-4, CFR Part 553 and my agency policy. I acknowledge that I am aware of and understand these rules, regulations and policies, which include the following conditions:
1. Use of accrued compensatory time requires prior approval of my supervisor, who may deny my request if my absence is disruptive to agency operation;
 2. All compensatory leave hours accrued in excess of 80 will be paid down to 80 hours on the payday for the period in which it was earned.

OR

- I elect to accept **monetary payment** at a rate of one and one-half times my regular rate of pay for each hour worked in excess of 40 hours actually worked in a workweek. I realize that any overtime worked requires prior approval from my supervisor.

THIS AGREEMENT shall remain in effect until I cancel it and a new election is made. I understand that such cancellation and new election will become effective on the date specified in my agency policy. If my agency doesn't have a policy the election will become effective beginning the next possible pay period after the election is made.

Signature

Date

CC: Employer, Supervisor, ERIC (fax) 801 538-3616, (email) erictransactions@utah.gov