

Board of Education Policy 7.4820 Workday and Overtime

Administrative Procedure

AGREEMENT TO RECEIVE COMPENSATORY TIME OFF

Pursuant to the Fair Labor Standards Act (hereinafter "FLSA"), the Catawba County Board of Education (hereinafter "the Board") has a policy of granting compensatory time off to employees who are not exempt under the FLSA in lieu of overtime pay for time worked in excess of forty (40) hours in any workweek. A copy of this policy dated has been provided to me.

I understand that I must obtain my supervisor's express written approval to work overtime prior to working in excess of forty (40) hours in any workweek. I understand that the use and accrual of compensatory time off must be authorized by my immediate supervisor. I understand that I will earn any compensatory time off at a rate of not less than one and one-half (1.5) times for each minute of overtime which I work. I further understand that I will be allowed to use compensatory time off within a reasonable period after requesting such use. However, I also understand that pursuant to the Board policy and applicable FLSA regulations, the Board may require me to use the compensatory time off within a certain time period, may prohibit the use of compensatory time off on certain days, may require that compensatory time off be cashed out after a particular time period or may otherwise limit the accrual and use of compensatory time off.

I hereby knowingly agree and consent to the use of compensatory time off in lieu of overtime pay for time worked in excess of forty (40) hours in any workweek, and I accept this as a condition of my employment with the Catawba County Board of Education.

Furthermore, I agree to report and record all of the hours of work performed by me, suffered by me or permitted on any form and by any method specified by Catawba County Board of Education. I agree to immediately notify _____ of any discrepancy in my compensation including but not limited to, hours of work, no later than forty-five (45) days after the pay period ending date. The absence of any such notice shall constitute my agreement that I have been fully compensated for all hours of work, including the accrual of compensatory time off as appropriate.

Employee Signature

Date

Employee's Printed Name

Supervisor Signature (or designee)

Date

Supervisor's Printed Name

Approved:

Superintendent

Date