



FLSA Compensatory Time Use Acknowledgment Form

I, _____, acknowledge and agree that as part of the terms and conditions of my employment, I may be required to work more than forty (40) hours in a work week (or “overtime”). I understand that, in lieu of monetary compensation for accrued overtime, I may receive compensatory time off at the rate of one and one-half hours for each hour worked.

I understand that the compensatory time may be preserved, used, or cashed out consistent with federal and applicable state law provisions and institution policy.

EMPLOYEE

DATE