**AGENCY NAME**

**COMPENSATORY TIME AGREEMENT**

 As a current non-exempt employee with the AGENCY NAME, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that, the agency has the option of paying overtime hours worked in compensatory time off or overtime pay. I have been informed that compensatory time received may be preserved, used or cashed out consistent with provisions of the Fair Labor Standards Act.

 By signing this, I acknowledge that while employed with the agency, I will accept payment in the form of compensatory time off at the rate of one and one half hour for every hour worked over what is required for my normal work week or work period.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date