

MEDICAL UNIVERSITY OF SOUTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES MANAGEMENT

Compensatory Time Agreement

I, _____, 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 have received a copy of HRM Policy No. 10, Compensatory Time. It has been explained to me and I have been given the opportunity to ask questions.

Employee Signature

Date

Employee ID (Required)

Employee Classification

Department Name

Department UDAK

Supervisor/Manager Signature

Date

Principal Investigator Signature (if applicable)

Date

Department Head or Designee Signature

Date

The requirement that compensatory time accrue or overtime pay be 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 department and is subject to an Audit.