

**University of California at Santa Barbara
Non-Exempt Employees Not Represented by a Bargaining Unit
Compensatory Time Election Form**

NOTE: This document is made available for Non-Exempt Non-Represented employees in accordance with the University of California Personnel Policies for Staff Members (PPSM).

Non-exempt, non-represented employees will accrue overtime pursuant to the terms of the Personnel Policies for Staff Members (PPSM). Please refer to PPSM 30- Compensation for specific details: <https://policy.ucop.edu/doc/4010400/PPSM-30>

Compensatory time shall be paid or scheduled by the University in accordance with departmental needs. Accumulation of compensatory time is limited to a maximum of two hundred and forty (240) hours. An employee shall be paid for hours of overtime that exceed this limit.

If you agree to receive compensation for overtime in the form of compensatory time off, indicate your preference below, sign and date this form within 30 days of receipt, and return it to your supervisor for placement in your personnel file.

If you indicate below that you do not agree to accept compensatory time off in lieu of pay, you will receive payment for overtime.

The preference indicated on this form will remain in effect until it is superceded by a revised form with a more recent date OR until the department decides to discontinue offering compensatory time off as a method of compensation for overtime. If the employee fails to sign this form, the option will default to compensation by pay.

I **agree** to accept compensation for overtime in the form of compensatory time off.

I **do not agree** to accept compensation for overtime in the form of compensatory time off.

Name (Print) _____

Signature _____

Department _____

Date _____