



Lake Superior State University

Voluntary Compensatory Time Agreement

I, _____ (*employee name*) hereby agree to accept time off in lieu of cash wages for overtime work performed during the period of _____ to _____, at the rate of at least one-and-a-half hours per every hour of overtime worked. I understand that this agreement is strictly voluntary on my part, and that it is not a mandatory condition of my continued employment. I certify that I have signed this statement of my own free will and have not been subjected to any threat or other form of coercion by my employer relating to the signing of this statement.

Signature _____ Date _____

**THIS FORM TO BE COMPLETED ON THE FIRST OF EACH MONTH FOR PRIOR MONTH
IF COMPENSATORY TIME HAS BEEN ACCRUED OR USED**

Reconciliation record for the month of _____:

Date Worked _____	Time Worked _____	Hours Accumulated _____
Date Worked _____	Time Worked _____	Hours Accumulated _____
Date Worked _____	Time Worked _____	Hours Accumulated _____
Date Worked _____	Time Worked _____	Hours Accumulated _____
Date Worked _____	Time Worked _____	Hours Accumulated _____

Total _____
Times 1.5 _____
Plus balance from previous month _____
Total available _____

Date Used _____	Time Off _____	Hours Used _____
Date Used _____	Time Off _____	Hours Used _____
Date Used _____	Time Off _____	Hours Used _____
Date Used _____	Time Off _____	Hours Used _____
Date Used _____	Time Off _____	Hours Used _____
		Total _____

Subtract from "total available" above to carry over to next month's form _____

Supervisor's Signature _____ Date _____

Federal law states that maximum compensatory hours cannot exceed 160 hours in an accumulated balance; (x 1½ hours or 240 compensatory hours) before being paid in cash.

Use additional sheet if more room is needed.