

Human Resources

Mail Code: 167648

June 4, 2007

TO: ALL CLERICAL EMPLOYEES

CLERICAL UNIT (CX) COMPENSATORY TIME OFF (CTO) AGREEMENT

Clerical employees have the choice of being compensated for overtime hours worked by pay or compensatory time off (CTO) pursuant to the agreement between the University and CUE. Your decision to elect compensatory time for overtime work may be renewed during the month of June, if your Department offers CTO as a method of compensation for overtime.

YOU CAN OPT TO RECEIVE CTO IN LIEU OF PAY BY SIGNING BELOW. This form must be returned to your supervisor before Friday, June 29, 2007.

If you choose to decline the offer to receive CTO as compensation for overtime you will receive pay for any and all compensable overtime hours you work. Should you wish to be paid for overtime you do not need to complete any form. The election will be effective with the next pay period.

I agree to receive compensatory time off (CTO) only for overtime.

_____ Name-please print	_____ Employee ID #	_____ Title
_____ Signature	_____ Date	_____ Department

OR=====

I agree to receive PAY only for overtime.

_____ Name-please print	_____ Employee ID #	_____ Title
_____ Signature	_____ Date	_____ Department

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_____ Supervisor-please print	_____ Title	_____ Department
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_____ Supervisor's signature	_____ Date
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Human Resources

Mail Code: 167648

June 4, 2007

TO: ALL SERVICE UNIT EMPLOYEES

SERVICE UNIT (SX) COMPENSATORY TIME OFF (CTO) AGREEMENT

Service unit (SX) employees have the choice of being compensated for overtime hours worked by pay or compensatory time off (CTO) pursuant to the agreement between the University and AFSCME. Your decision to elect compensatory time for overtime work may be renewed during the month of June, if your Department offers CTO as a method of compensation for overtime.

YOU CAN OPT TO RECEIVE CTO IN LIEU OF PAY BY SIGNING BELOW. This form must be returned to your supervisor before Friday, June 29, 2007.

If you choose to decline the offer to receive CTO as compensation for overtime you will receive pay for any and all compensable overtime hours you work. Should you wish to be paid for overtime you do not need to complete any form. The election will be effective with the next pay period.

I agree to receive compensatory time off (CTO) only for overtime.

Name-please print Employee ID # Title

Signature Date Department

OR=====

I agree to receive PAY only for overtime.

Name-please print Employee ID # Title

Signature Date Department

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Supervisor-please print Title Department

Supervisor's signature Date

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June 4, 2007

TO: ALL HEALTH CARE (HX) PROFESSIONAL UNIT EMPLOYEES
 ALL TECHNICAL (TX) UNIT EMPLOYEES
 ALL RESEARCH SUPPORT (RX) PROFESSIONAL UNIT EMPLOYEES

COMPENSATORY TIME OFF (CTO) AGREEMENT

UPTE represented employees have the choice of being compensated for overtime hours worked by pay or compensatory time off (CTO) pursuant to the agreement between the University and UPTE. Your decision to elect compensatory time for overtime work may be renewed during the month of June, if your Department offers CTO as a method of compensation for overtime.

YOU CAN OPT TO RECEIVE CTO IN LIEU OF PAY BY SIGNING BELOW. This form must be returned to your supervisor before Friday, June 29, 2007.

If you choose to decline the offer to receive CTO as compensation for overtime you will receive pay for any and all compensable overtime hours you work. Should you wish to be paid for overtime you do not need to complete any form. The election will be effective with the next pay period.

I agree to receive compensatory time off (CTO) only for overtime.

_____ Name-please print	_____ Employee ID #	_____ Title
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_____ Signature	_____ Date	_____ Department
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OR=====

I agree to receive PAY only for overtime.

_____ Name-please print	_____ Employee ID #	_____ Title
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_____ Signature	_____ Date	_____ Department
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_____ Supervisor-please print	_____ Title	_____ Department
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_____ Supervisor's signature	_____ Date	
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