



HUMAN RESOURCES DEPARTMENT

435 RYMAN STREET • MISSOULA, MT 59802-4297 • 406-552-6130 • HumanResources@ci.missoula.mt.us

Agreement to Accept Compensatory Time Off Accrual in Lieu of Overtime Payment

I understand that, in accordance with the provisions of federal and state wage and hour regulations, non-exempt employees may elect, **with approval from their supervisor**, to accrue compensatory time off instead of receiving payment for overtime worked.

You are **not** required to accrue compensatory time instead of receiving overtime pay. If you choose to receive compensatory time, please check the top box on this form. If your supervisor approves the agreement, the form will be submitted to the Payroll Office. If you wish to have overtime paid out instead of receiving compensatory time, please check the bottom box on this form. **This designation will remain in effect for the term of your non exempt employment with the City, until /if a new form is received. Your designation can be changed at any time by submitting a new form to the Payroll Office.**

I understand that accrual of compensatory time may be limited under terms of a collective bargaining agreement or City Human Resource Policy. I further understand that I will receive payment for accrued compensatory time upon transfer to a different department, promotion to an exempt position, and upon termination of my employment.

Please check with your supervisor or the Human Resources Office if you have questions.

Please check the applicable box:

I voluntarily agree to receive compensatory time instead of overtime pay for any overtime worked. I understand that I will accrue compensatory time at the rate of 1.5 hours for each overtime hour worked during this period. I understand that this designation will stay in effect until I submit a new form with an alternative designation.

I do **not** agree to compensatory time and will continue to have overtime pay for any overtime worked. I understand that this designation will stay in effect until I submit a new form with an alternative designation.

As a reminder, all overtime hours need prior approval by a supervisor regardless of whether payment for hours is via compensatory time or paid overtime.

Employee Signature/Date

Printed Name/Department/Title

Supervisor Signature/Date

Printed Name/Department/Title

Email the completed form to: payroll@ci.missoula.mt.us