

**University of California at Santa Barbara**  
**Registered Nurses Bargaining Unit (NX/CNA)**  
**Compensatory Time Agreement**

**NOTE: This form is made available for Registered Nurses Unit employees in accordance with Article 14, Section K, paragraph 3, Hours of Work - Overtime, Compensatory Time Bank of the agreement for the Registered Nurses Unit. Refer to the bargaining unit contract for further details.**

Non-exempt employees are entitled to compensation at the time and one-half rate (premium rate) for all hours worked after 40 hours in a workweek. In accordance with the Fair Labor Standards Act, and as outlined in the Registered Nurses Unit Bargaining Agreement, overtime will be compensated at the appropriate rate either by pay or compensatory time off (if the department offers comp time off). Unless the employee and the University agree otherwise, overtime will be paid.

If you choose to receive compensation for overtime in the form of compensatory time off, check the box below, sign and date this notice, and return it to your supervisor for placement in your personnel file.

If you indicate below that you do not choose 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The preference indicated on this form will remain in effect until it is superceded by a revised form with a more recent date OR until the department decides to discontinue offering compensatory time off as a method of compensation for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.

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 \_\_\_\_\_