



OVERTIME COMPENSATION FORM

(for Non-Exempt Employees Only)

☐ ELECTING COMP TIME

I request that all hours which I work in excess of forty (40) hours in a work week be accrued as compensatory leave at a rate of one-and-one half (1 ½) hours for each hour worked over forty (40) hours.

I understand that this election cannot be changed for a minimum of three (3) months, and will continue after that time until a new written election is submitted.

I certify that this election is voluntary on my part with no coercion or direction to force my decision.

Employee's Printed Name

Employee's Signature

Employee's Personnel Number (Pernr)

Date Signed

☐ RESCINDING COMP TIME ELECTION

I rescind my election to accrue compensatory leave, at a rate of one-and-one half (1 ½) hours for each hour worked in excess of forty (40) hours in a work week, and request that I be paid at one-and-one half (1 ½) times my hourly rate of pay.

I understand that this election cannot be changed for a minimum of three (3) months, and will continue after that time until a new written election is submitted.

I certify that this election is voluntary on my part with no coercion or direction to force my decision.

Employee's Printed Name

Employee's Signature

Employee's Personnel Number (Pernr)

Date Signed

Pursuant to Section 5 of 101 KAR 2:102 and 101 KAR 3:015, the employing agency shall not mandate an employee's election of compensatory leave or paid overtime.