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## HUMAN RESOURCES DEPARTMENT

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### **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 complete this form and submit it to your supervisor. If your supervisor signs in agreement, the form will be submitted to the Payroll Office.

*If you do not submit a form, you will automatically receive payment for overtime hours worked. **Note that your supervisor must approve all overtime PRIOR to it being worked.***

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.***

I voluntarily agree to receive compensatory time instead of overtime pay for any overtime worked during the time period from \_\_\_\_\_ to \_\_\_\_\_. I understand that I will accrue compensatory time at the rate of 1.5 hours for each overtime hour worked during this period.

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Printed Name/Department/Title

\_\_\_\_\_  
Supervisor Signature/Date

\_\_\_\_\_  
Printed Name/Department/Title