



Understanding Concerning the Accrual of FLSA Compensatory Time

I, (print name) _____, do hereby acknowledge that as part of the terms and conditions of employment with the (agency) _____ as an FLSA covered employee, I may be required to work more than forty (40) hours in a work week. However, I will not work more that forty (40) hours in a workweek without explicit approval of my supervisor.

I further understand that, in lieu of overtime compensation, I will receive compensatory time at the rate of one and one-half for each hour of work for which overtime compensation is required by the Fair Labor Standards Act of 1938.

Employee's Signature

Date