

June 25, 2004

TO: ALL RESEARCH UNIT EMPLOYEES

**RESEARCH UNIT (RX) COMPENSATORY TIME OFF (CTO) AGREEMENT**

Research employees have the choice of being compensated for overtime hours worked by pay or compensatory time off (CTO) pursuant to the agreement between the University and UPTE. Your decision to elect compensatory time for overtime work may be renewed if your Department offers CTO as a method of compensation for overtime.

**YOU CAN OPT TO RECEIVE CTO IN LIEU OF PAY BY SIGNING BELOW.**

*This form must be returned to your supervisor on or before June 30, 2004.*

If you choose to decline the offer to receive CTO as compensation for overtime you will receive pay for any and all compensable overtime hours you work. Should you wish to be paid for overtime you do not need to complete any form.

**I agree to receive compensatory time off (CTO) only for overtime.**

_____ Name – please print	_____ Employee ID #	_____ Title
_____ Signature	_____ Date	_____ Department

OR

**I agree to receive PAY only for overtime.**

_____ Name – please print	_____ Employee ID #	_____ Title
_____ Signature	_____ Date	_____ Department
_____ Supervisor – please print	_____ Title	_____ Department
_____ Supervisor's signature	_____ Date	

June 25, 2004

TO: ALL TECHNICAL UNIT EMPLOYEES

**TECHNICAL UNIT (TX) COMPENSATORY TIME OFF (CTO) AGREEMENT**

Technical employees have the choice of being compensated for overtime hours worked by pay or compensatory time off (CTO) pursuant to the agreement between the University and UPTE. Your decision to elect compensatory time for overtime work may be renewed this if your Department offers CTO as a method of compensation for overtime.

**YOU CAN OPT TO RECEIVE CTO IN LIEU OF PAY BY SIGNING BELOW.**

*This form must be returned to your supervisor on or before June 30, 2004.*

If you choose to decline the offer to receive CTO as compensation for overtime you will receive pay for any and all compensable overtime hours you work. Should you wish to be paid for overtime you do not need to complete any form.

**I agree to receive compensatory time off (CTO) only for overtime.**

_____ Name – please print	_____ Employee ID #	_____ Title
_____ Signature	_____ Date	_____ Department

OR

**I agree to receive PAY only for overtime.**

_____ Name – please print	_____ Employee ID #	_____ Title
_____ Signature	_____ Date	_____ Department
_____ Supervisor – please print	_____ Title	_____ Department
_____ Supervisor's signature	_____ Date	