

**Compensatory Time Authorization Form
for NON-EXEMPT Employees Covered by the UCPEA Collective Bargaining Agreement**

Employee Name: _____ Employee Number: _____

Department: _____ Title: _____

First Supervisor Outside of UCPEA: _____

Date	Reason(s)	# of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional sheets may be attached if more space is needed. Blanket forms will not be approved.

Employee's Signature

Date

Supervisor's Approval/Denial:

- DENIED
- APPROVED
- APPROVED, AS AMENDED BELOW:

Date	Reason(s)	# of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Approvals Only:

The employee may flex the first five (5) hours worked through a reduction in the employee's schedule within the same work week (Friday through Thursday).

If the employee is unable to flex the first five (5) hours, they will be paid their regular rate of pay for each hour worked, up to 40 hours in a workweek (Friday through Thursday) consistent with the Fair Labor Standards Act and State Department of Labor wage and hour laws and regulations.

If the employee works in excess of 40 hours in a workweek (Friday through Thursday), they will receive compensatory time at the rate of time and one-half for all hours worked beyond 40 in a workweek.

Employees must record straight time and/or compensatory time earned on their timesheet.

Supervisor must select at least one:

- The employee is approved to reduce their work schedule by _____ hours in the same workweek.
- The employee is unable to flex all, or a portion of the additional hours worked between 35 and 40 hours in the same workweek and will be paid straight time for _____ hours [MAX. 5 hours].
- The employee is unable to flex all, or a portion of the additional hours worked beyond 40 hours in the same workweek, and is approved to accrue compensatory time, at a rate of time and one-half, for _____ hours.

Supervisor's Certification:

I certify that I have reviewed the information above and any attached documents.

I certify that if this authorization form is approved, the approval of compensatory time is for work hours required beyond the employee's regularly scheduled workweek.

I certify that if this authorization form is being completed after the employee already has worked hours beyond their regularly scheduled workweek because of an emergency or urgent situation, a written record of the event with an explanation of why prior approval was not given has been made.

Supervisor's Signature

Date

Supervisors must retain a copy of this completed form for not less than one (1) year for audit purposes.

Questions may be referred to senior managers who may consult with the Office of Faculty and Staff Labor Relations at laborrelations@uconn.edu.