

**BALDWIN COUNTY BOARD OF EDUCATION
COMPENSATORY TIME FORM**

Employee Name: _____ Employee #: _____

School/Department: _____

I understand that my employment with the Baldwin County Board of Education may require me to work more than forty (40) hours in a work week. As a non-exempt employee under the Fair Labor Standards Act, I will receive compensatory time off as compensation for any overtime hours worked. Compensatory time off will be earned at the rate of one and one-half (1.5) hours for every hour worked over forty (40) hours in a work week. If I work other hours (non-overtime), beyond my base contract, for which compensation is due, I will earn one hour of compensatory time for each such hour worked. I understand that I am not authorized to work any overtime unless specifically requested to do so by the Board or unless it is approved by the Superintendent or his designee in advance.

I understand that compensatory time may be accrued up to a maximum of two hundred forty (240) hours and that compensatory time off may be used by me upon reasonable notice, unless the absence will unduly disrupt the operations of the school or school system. I further understand that the Board may ask me to take leave and use compensatory time to reduce my leave balance and that I will do so if asked. The Board may also pay down any accrued compensatory balance if the system's needs so require.

If I resign, retire, or am otherwise separated from employment, I understand that I will be paid for any unused compensatory time at my then applicable rate of pay. This agreement will remain in full force and effect for the duration of my employment by the Board, unless cancelled by me in writing.

_____ I agree to earn compensatory time in lieu of monetary payment for any overtime worked.

_____ I do not agree to earn compensatory time. I elect to receive monetary payment for any overtime worked.

_____ (Employee Signature)

_____ (Date)

_____ (Principal/Director Signature)

_____ (Date)