

KANSAS STATE UNIVERSITY  
Division of Human Resources

**OVERTIME COMPENSATION AGREEMENT FOR NON-EXEMPT EMPLOYEES**

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Department: \_\_\_\_\_ Position # \_\_\_\_\_

I agree to accept **COMPENSATORY TIME** at the rate of one and one-half hours off for hours worked\* in excess of 40 hours in a given workweek. I understand I cannot accrue more than 120 hours of compensatory time. I understand if I wish to rescind this agreement, I must do so prior to performing overtime work.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

I request **OVERTIME PAY** at the rate of one and one-half times my regular rate of pay for hours worked\* in excess of 40 hours in a given workweek. I understand if I wish to rescind this agreement, I must do so prior to performing overtime work.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

\*Work hours include only those hours actually worked. Paid leave time is not included.

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

See PPM Chapters [4220](#) and [4450](#) for complete information on FLSA and Compensation or contact the Division of Human Resources at 532-6277. This document is to be kept on file in the department.