I, ________________________________, acknowledge and understand as part of the terms and conditions of my employment with Cobb & Douglas Public Health at times I may be required to work more than forty (40) hours in a work period.

I further understand that if I am a FLSA non-exempt employee, I will receive FLSA compensatory time at the rate of time and one-half for overtime worked, in lieu of overtime payment. I understand that I must at all times maintain an accurate and truthful record of my hours worked each day and each work period. I am to sign-in and sign-out recording the exact minute that I begin work, take meal periods, and leave work each day. Per policy, compensatory time must be taken in lieu of annual leave. Non-exempt employees cannot accumulate more than 24 hours of compensatory time at any given time. Employees should be scheduled to use compensatory time within 90 calendar days from the date it is earned.

NOTE: All employees are to complete this form. Only FLSA non-exempt employees are entitled to FLSA compensatory time for overtime worked. FLSA exempt employees are not entitled to FLSA compensatory time. If unsure of FLSA status, please check with the hiring official.

____________________________________                ________________
EMPLOYEE SIGNATURE                        DATE