



COMPENSATORY TIME AGREEMENT

Name: _____

Job Classification: _____

Department: _____

Supervisor: _____

Position Number _____

NAC 284.250 (2.) Compensatory time off which is computed at the rate specified in NRS 284.180 and in the classification and compensation plan may be granted if the employee and the appointing authority have entered into an agreement which complies with the provisions of 29 C.F.R. § 553.23. Compensatory time off must be taken within a reasonable time after accrual at the direction of the appointing authority.

I agree to accept compensatory time (earned at the rate of time and one-half) for all hours worked in addition to my regular workday or 40-hour work week in lieu of monetary payment for overtime.

I understand that I must receive approval from my supervisor prior to working overtime.

Employee: _____ **Date:** _____

Supervisor: _____ **Date:** _____

NAC 284.250 (3.) Compensatory time may not be accrued in excess of 120 hours unless an agreement entered into pursuant to subsection 2 provides for the accrual of additional hours of compensatory time, not to exceed 240 hours. Overtime liability incurred in excess of these limits must be paid in cash. The appointing authority may pay in cash overtime accrued below these limits.

☐ I request approval to accrue compensatory time in excess of 120 hours but not to exceed 240 hours.

Supervisory approval: _____ **Date:** _____

Original: Personnel File
Copy: Leavekeeper