

MORGAN COUNTY, ALABAMA
COMPENSATORY TIME REQUEST

Date of Request: _____
(Elected Off/Dept. Head)

Employee Name _____ Dept. _____

Requested Hours _____ Date of Duty: _____

Justification Overtime/Comp
Time _____

Approved By: _____
(Elected Official/Department Head)

Acknowledgement

I hereby acknowledge that I understand that under the provisions of the Fair Labor Standards Act that my employer may compensate any overtime work by the granting of Compensatory Time in lieu of monetary overtime compensation at the rate of one and one-half hours of compensatory time for each hour of overtime work. I further understand that I am limited as to the amount of compensatory time that I can earn in a Leave Year as defined in the FLSA (480 hrs. for public safety, emergency response & seasonal activities; 240 hrs. for all others). Any overtime hours above the maximum must be compensated by monetary overtime payment. I also understand that it is my responsibility to schedule compensatory time off within one hundred twenty (120) days after the date which it is earned and that my employer may schedule my Compensatory Time off in a manner so as not to be unduly disruptive to the agency's operation with or without my express consent. Upon separation from County Service for any reason, any accrued compensatory time will pay at the overtime rate in accordance with the FLSA. Having read the foregoing, I agree to be compensated for the above described overtime work by receiving compensatory time at a rate of one and one-half hours for each hour of overtime so worked.

Employee: _____

This completed form must accompany the departmental payroll for period in which the overtime/compensatory time was earned.