Arizona State Personnel System
OVERTIME COMPENSATION ELECTION FORM
(FLSA Non-Exempt Employees Only)

Name (Print)   EIN

Official Job Title   Agency/Division/Section

Initial Election

Cancel Prior Election and Begin New Election

I understand that as an employee entitled to overtime compensation under the Fair Labor Standards Act (FLSA), for each hour that I work in excess of 40 hours per work week, I may elect to receive additional pay at one and one-half times my regular rate of pay or I may elect to receive compensatory leave at a rate of one and one-half hours for each excess hour worked or I may elect either. However, I realize that the agency reserves the right to pay cash even though I may elect to receive compensatory leave for overtime worked. Please select one of the following options:

> I elect to accept only cash payment at a rate of one and one-half times my regular rate of pay for each hour worked in excess of 40 hours per work week. I realize that this election will affect my ability to work overtime if and when the agency does not have funds available to pay cash for overtime.

> I elect to receive only compensatory leave at a rate of one and one-half hours for each hour worked in excess of 40 hours per work week.

> I elect to accept either compensatory leave at a rate of one and one-half hours or cash payment at a rate of one and one-half times my regular rate of pay for each hour worked in excess of 40 hours per work week. I realize that my ability to receive cash payment is subject to the agency authorizing it and having funds available to pay cash for overtime. I understand that I will typically receive compensatory leave as payment for excess hours worked. However, I further understand that if special circumstances exist, I may receive cash payment for excess hours worked.

This election is not the result of any force or coercion by the agency. It will remain in effect until it is cancelled by me and new election is made or until I am no longer entitled to overtime compensation under the Fair Labor Standards Act (FLSA). I understand that if I cancel this election and a new election is made, the new election will be effective on the first day of the pay period following receipt of the new election by my agency.

_____   _____
Signature   Date

FOR HR USE ONLY

Effective Date

cc: Employee
         Supervisor
         Employee Personnel File

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