



UC SANTA CRUZ 2010/2011 ANNUAL OVERTIME COMPENSATION ELECTION FORM

FOR THE FOLLOWING EMPLOYEE GROUPS: CX, SX, HX, RX, TX, FF

If you wish to make a change to your current overtime compensation election, please indicate the change below, sign, and submit this form to your supervisor for signature. Submit the completed and approved form to your **Staff HR Operations Specialist** no later than **July 1st, 2010**. If you do not wish to make a change to your overtime election, no action is necessary and your current overtime election will remain in place.

Please note:

- The effective date of this election is the July 2010 pay period, and will remain in effect through June 2011.
- All overtime must be pre-approved by your supervisor prior to being worked.

I wish to be compensated for overtime in the form of compensatory time off (CTO).

I wish to be compensated for overtime in the form of pay.

Unit Name

Employee Signature

Date

Print Name

Supervisor Signature

Date

Print Name