

TEXAS MILITARY DEPARTMENT

AGREEMENT OF UNDERSTANDING
OVERTIME AND COMPENSATORY TIME POLICY
For FLSA **NON-EXEMPT** PERSONNEL

In accordance with the provisions of the Fair Labor Standards Act (FLSA), the Texas Government Code, and the Texas Military Department policy regarding overtime hours worked in excess of 40 during a work week in a position that is **NON-EXEMPT** from the FLSA, I agree to the following rules and regulations:

1. I will not work or record hours in excess of 40 in a workweek without the prior approval of my supervisor.
2. When I work more than 40 hours in a work week, I agree to be compensated for those hours over 40 worked in one of the following manners:
 - a. I will be granted or required to take FLSA compensatory time off at the rate of one and one-half hour for each one hour of overtime time worked, or
 - b. When in the judgment of my employer, granting compensatory time off from work is impractical, I will be paid for the overtime hours at the rate of one and one-half times my regular rate of pay, or
 - c. My supervisor may require me to take off an afternoon, a day, or even an entire week to avoid the accumulation of additional overtime.
 - d. I understand that the balance of my overtime hours may not exceed 100 overtime hours / 150 hours FLSA compensatory time (available overtime leave).
3. When I record more than 40 hours in a work week which include actual hours worked *combined* with hours of paid leave or holiday taken, I will be compensated for those hours which exceed 40 at the rate of one hour for each one hour of compensatory time earned.
 - a. I understand that I must use the earned compensatory time within 12 months of the end of the work week in which it was earned, or it will be lost.
 - b. I understand that the balance of compensatory time may not exceed 80 hours.

Hours worked in the context of this document means the performance of actual work of assigned duties. It does not include time away from work during the week due to illness, holidays, and other approved leaves of absence.

For additional information, please refer to the agency's "Overtime/Compensatory Time Policy", Chapter III of the State Employee Policies & Procedures Handbook Number 1400.01.

Employee Signature

Date

Employee Name (Please Print)

Last Four SSN

(rev. 09/2019)