

**Authorization for Payment of Earned Compensatory Time
for Employees Covered by the UCPEA Collective Bargaining Agreement**

Employee Name: _____ Employee Number: _____

Department: _____ Title: _____

First Supervisor Outside of UCPEA: _____

1. The above individual is an EXEMPT employee and has accumulated compensatory time exceeding a balance of 140 hours. Payment of _____ hours of earned compensatory time is authorized for the above individual at their current hourly rate of pay. *Payment is for the time over 100 hours, up to a maximum of 40 hours quarterly per calendar year.*
2. The employee understands that these paid hours will be deducted from their compensatory time balance on the professional leave record.
3. The supervisor has attached a written justification and budget approval to this authorization. As set forth in the attached written justification, the supervisor certifies that extenuating circumstances made it impossible or impractical for the employee to use accrued compensatory time.
4. The supervisor certifies that the employee has not received more than one payment of 40 hours of earned compensatory time per quarter in this calendar year.

Employee's Signature

Date

Supervisor's Signature

Date

Executive Director of Employee Relations' Review:

Payment is approved Payment is NOT approved

Executive Director of Employee Relations

Date

Supervisors must retain a copy of this completed form for not less than one (1) year for audit purposes.

This form is to be submitted by the first supervisor outside of UCPEA to Labor Relations at laborrelations@uconn.edu. If payment is approved, the fully signed form is to be submitted to the Payroll Department, Unit 1111, along with the leave record for the pay period in which the payment is being made. Questions should be directed to the Office of Faculty and Staff Labor Relations at laborrelations@uconn.edu.