



Department of Health and Human Services

Compensatory Time, Overtime and On-Call Agreement

I understand that it is the policy of the State of North Carolina to give employees subject to the Fair Labor Standards Act overtime compensation in the form of compensatory time off rather than monetary compensation, whenever possible. I understand that the decision to give either compensatory time off or monetary compensation is a decision made by management and is not my choice.

I understand that FLSA exempt employees with appointment types of permanent full-time or permanent part-time (half time or more) who work in DHHS divisions and offices, the maximum accumulation of compensatory leave at the end of any pay period shall not exceed 80 hours (pro-rated for part-time employees). The DHHS Secretary may grant an exemption to the 80 hour limit based on extraordinary work requirements.

DHHS schools and facilities are not limited to 80 hour limit and may have a different compensatory time policy for FLSA exempt employees, subject to the approval of the respective division director, and I understand that I am to comply with the respective facility or school compensatory time policy.

I understand the BEACON payroll system uses accrued compensatory time to offset leave liabilities, adverse weather and paid leave (i.e., vacation and sick).

I understand compensatory leave for FLSA exempt employees is a privilege rather than a right and shall be administered accordingly. It is the department's intention to recognize extraordinary efforts by allowing employees to earn compensatory time. It is not the intention of the department to provide compensatory time for routine efforts that could or should be handled as part of a FLSA exempt employee's regular job.

I also understand that I may be required to serve on-call, regardless of my FLSA exemption, in order to meet the business and operational needs of the Department of Health and Human Services and that on-call compensation may be in the form of time off rather than monetary compensation. I understand that the decision to give either compensatory time off or monetary compensation is a decision made by management within the provisions outlined in state policy and is not my choice.

I understand that acceptance of the above policies is a condition of my initial and continuing employment with the Department of Health and Human Services.

Applicant/Employee Signature

Date

Print Applicant/Employee Name

cc: personnel file