



COMPENSATORY TIME OFF (CTO) ELECTION FORM

UC Merced permits policy-covered employees and employees in bargaining units that allow the option of compensatory time off (“comp time”) to elect comp time in lieu of overtime pay. This election is made upon hire and annually in the month of June, employees have the opportunity to modify their election choice for the year. *(KM represented employees are eligible to make updates in June and December)*

If you would like to receive comp time for compensable overtime hours that you work, please complete this form and submit it to the Payroll Services office. If you do not elect comp time, you will receive overtime pay for any compensable overtime hours that you work.

You may request to schedule the use of comp time in accordance with departmental practices for requesting time off. Requests will be granted subject to operational needs. For represented employees, the department may also schedule comp time in accordance with operational needs.

The election, maximum accumulation, and payout of comp time are subject to the terms set forth in [PPSM-30: Compensation](#) for policy-covered employees, or the applicable [Collective Bargaining Agreement](#) for represented employees.

Employee Name:		UCPath ID #:												
Job Title:	Department:													
Election: <input type="checkbox"/> I elect to receive overtime pay for any compensable overtime hours that I work. <input type="checkbox"/> I elect to receive comp time for any compensable overtime hours that I work.														
Employee Signature:		Date:												
Employee Group: (Internal Office Staff) <table border="0"><tr><td><input type="checkbox"/> Policy-Covered (PPSM)</td><td><input type="checkbox"/> FUPOA (PA)</td><td><input type="checkbox"/> UPTE (RX)</td></tr><tr><td><input type="checkbox"/> AFSCME (EX)</td><td><input type="checkbox"/> Teamsters (CX)</td><td><input type="checkbox"/> UPTE (TX)</td></tr><tr><td><input type="checkbox"/> AFSCME (SX)</td><td><input type="checkbox"/> Teamsters (KM)</td><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> CNA (NX)</td><td><input type="checkbox"/> UPTE (HX)</td><td></td></tr></table>			<input type="checkbox"/> Policy-Covered (PPSM)	<input type="checkbox"/> FUPOA (PA)	<input type="checkbox"/> UPTE (RX)	<input type="checkbox"/> AFSCME (EX)	<input type="checkbox"/> Teamsters (CX)	<input type="checkbox"/> UPTE (TX)	<input type="checkbox"/> AFSCME (SX)	<input type="checkbox"/> Teamsters (KM)	<input type="checkbox"/> Other _____	<input type="checkbox"/> CNA (NX)	<input type="checkbox"/> UPTE (HX)	
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