



This form to be completed by Non-Exempt, Hourly-Paid Employees Only

Understanding Concerning the Use of FLSA Compensatory Time

FLSA Compensatory Time Use Acknowledgment Form

I, \_\_\_\_\_, do hereby acknowledge and agree that as part of my employment terms and conditions with Savannah State University, (hereinafter referred to as my employer), I understand that I may be required to work more than forty hours in a work week. I further understand that as a non-exempt, hourly-paid employee, in lieu of monetary overtime compensation, I may receive compensatory time off at the rate of one and one-half hours for each hour of employment for which overtime compensation is required by the Fair Labor Standards Act of 1938 (FLSA).

I understand that the compensatory time may be preserved, used, or cashed out between the period of July 1, 2017 to May 31, 2018, consistent with FLSA provisions and Savannah State University policy.

\_\_\_\_\_  
EMPLOYEE

\_\_\_\_\_  
DATE