

FLEX-TIME AND DAILY OVERTIME WAIVER FORM

This will outline the wage and hour implications and the necessary steps toward waiver of The University's daily overtime rule for full and part-time employee in favor of a "flex-time" schedule for **Local 743 Clerical Employees**.

The approval of this waiver is conditional as follows:

1. All hours over 40 that are worked in one week must, by law, be compensated at 1½ times the basic hourly rate. The clerical labor contract has overtime provisions tied to either a 7.5-hour or an 8.0-hour workday. However, employees participating in a flex-time schedule waive that provision.
2. Part-time employees who are regularly scheduled to work greater than 7.5 or 8.0 hours in a day.
3. Each workweek must stand alone for purposes of determining overtime.
4. Throughout the period of the flex-time schedule, accruals for vacation and sick leave will be based upon the average scheduled workweek, (i.e., 1/5th of the weekly scheduled hours).

* However, should accrual time be utilized on a day where work time exceeds 7.5 or 8.0 hours, (whichever is applicable), the employee will receive paid time only in the amount equal to 1/5th of the average scheduled workweek.
5. University and personal holiday pay is also based on 1/5th of the average scheduled workweek. Thus, for any of the seven University holidays occurring during the flex-time schedule, the employee will receive holiday pay at the rate of 1/5th his/her average weekly schedule of hours.
6. It is understood that the "flex-time" schedule is at the discretion of Management. If deemed necessary, Management has the right to void the "flex-time" schedule and resume standard working schedules.

Current Schedule: _____

Flex Schedule: _____

*Employees on a "flex-time" schedule may wish to supplement the time taken as vacation or personal holiday, including holiday pay, with vacation or personal holiday time in order to receive their full regular weekly pay.

The employee understands the above and agrees to waive the daily overtime rules by signing below.

Name: _____

Signed: _____ Date: _____

Position/Title: _____ Depart. Name: _____

Signature: _____

Union Business Representative: _____ Date: _____

Please return a copy of this signed waiver to Human Resources, Records Administration, 6054 S. Drexel Ave., 2nd Floor.

HR: Approved: ☐ Denied: ☐ Date: _____