



Compensatory Time Program Participation Request

I, the undersigned employee of the _____ Department have been advised by the Department Director that I am eligible to participate in the Compensatory Time Program when I am requested to work overtime. I hereby volunteer to work overtime and elect to have such overtime paid through the Compensatory Time Program which allows me to earn 1.5 hours of compensatory time for each hour of overtime worked.

I understand that Compensatory time will be held in a bank and can be used under the guidelines outlined by policy 5-100 Payroll Policy. Compensatory time will have a maximum accrual bank in which any unused time will be paid out upon separation from Weber County.

I also understand that I can un-enroll in Compensatory Time at any time by notifying Human Resources in writing.

Employee Name (Please Print)

Employee Signature

Employee ID Number

Date