Department:				
Division:				
Section:				
	ELECTIO	N OF COMPENSAT	ORY TIME	
	_	ent or understanding bet cash payment. Absent su		
payment. I underst than 120 hours of requested by me m	and that by electing concentrations compensatory time,	tion, I hereby elect to rompensatory time off in liafter which cash payme it would unduly disrupt mployer at any time.	eu of cash payment, I manner in must be made; comp	ay not accrue more pensatory time off
I further understand	d that this agreement m	nay be rescinded by either	party giving 30 working	g days' notice.
Entered into this	day of		_ in the year	
Employee:				
	(Print Name)	Employee ID #	Signature	Date
Supervisor:				
	(Print Name)		Signature	Date
v	`120 hours may be ex parties (see NAC 28	xtended to 240 hours in 34.250)	accordance with the F	LSA with
Distribution:	Employee Department/Division Agency Personnel			

PH:hg TS-25 Rev. 10/07