

## OVERTIME PAY

## **Agreement**

## I HEREBY UNDERSTAND AND AGREE AS FOLLOWS:

- 1. I understand that the overtime pay provisions of the Fair Labor Standards Act (FLSA) do no apply to me unless I have NON-EXEMPT status.
- 2. I understand that under FLSA, hours worked beyond 40 hours per week will be compensatory time off instead of cash. Overtime work is defined as all hours worked in excess of forty (40) in a workweek. I understand that the FLSA requires that employees having NON-EXEMPT status earn compensatory leave at the rate of one and one-half (1½) hours of compensatory time for each hour of overtime worked. I also understand that employees having EXEMPT status may earn compensatory leave on an hour per hour basis, at the discretion of the agency head.
- 3. I agree to abide by all agency rules and regulations regarding overtime work. Before I perform any overtime work, I agree to obtain permission or authori zation from my immediate supervisor to perform overtime work. I understand that failure to do so constitutes a Group 2 Offense that may subject me to disciplinary action as outlined in the Mississippi State Employee Handbook.
- 4. Upon termination of my employment, I understand the agency is required to pay me in cash for any unused compensatory leave, earned pursuant to the overtime pay provisions of the FLSA, only if I have NON-EXEMPT status. I understand that if I have EXEMPT status, the agency is prohibited by state law from paying me for any unused compensatory leave and that it shall be forfeited.

unused compensatory leave and t	hat it shall be forfeited
Employee Name (Please Print)	
Employee Signature	Date