

UConn HEALTH

To:

From:

Subject: COMPENSATORY TIME AUTHORIZATION for Salaried Exempt Employees with Salary above \$84,011

In accordance with Article 15.5b of the UHP contract, you are a salaried employee being paid at or above \$84,011 annually. You therefore generally are not eligible for compensatory time. Notwithstanding, a special project related to _____ has been approved. As such, you are authorized to work up to ____ hours of compensatory time on _____ or for the period of time from _____ to _____ in order to perform the functions as identified above. Please note that the denial of compensatory time is not grievable or arbitrable.

My signature below acknowledges that I have approved the accrual of compensatory time as set forth above. It is my responsibility to ensure that the parameters set forth herein are followed including that time is entered and approved in Kronos consistent with this Agreement. I understand that a copy of this authorization needs to be maintained by me in the employee's departmental file for audit purposes.

Department Manager

Date

I acknowledge receipt of this authorization and understand and agree to abide by the parameters surrounding my accrual of compensatory time as identified above including as entered into KRONOS.

Employee

Date