



THE SCHOOL DISTRICT OF LEE COUNTY

Compensatory Time Off In Lieu of Overtime Request

Employee Name *(last, first, middle initial)*

Employee ID Number

Location

I hereby acknowledge that I have had the opportunity to review School Board Policy 5.40 and hereby voluntarily request to receive compensatory time in lieu of overtime cash payment. I understand and agree that I will receive compensatory time at the rate of 1.5 hours for every hour worked over 40 hours per week. This decision is made solely by me and is voluntary. No one has influenced this decision in any way. This agreement will remain in effect until I exercise my right to withdraw from this agreement by submitting a written letter to my supervisor or until the District decides to discontinue offering compensatory time as a method of compensation for overtime.

Signature of Employee

Date

Signature of Principal/Director

Date