

Georgia Department of Community Health

DESIGNATION OF WORK PERIOD AND
UNDERSTANDING CONCERNING FLSA COMPENSATORY TIME

Employee's Name (Please Print or Type)

Social Security Number

Division or Office

Work Unit

To Be Completed By Supervisor

Job Title

FLSA Category
[Non-Exempt] OR [Exempt-Executive,
Professional or Administrative]Beginning of Work Period
[Day of Week and Time]Ending of Work Period
[Day of Week and Time]Employee's Work Schedule
[Beginning Time and Ending Time]Length of Meal Period
[30, 45 or 60 minutes]

Off Days

I do hereby acknowledge and understand that, as part of the terms and conditions of my employment with the Georgia Department of Community Health, I may be required to work more than 40 hours in a work period.

I further understand that, if I am non-exempt under FLSA, I will receive FLSA compensatory time at the rate of time and one-half for overtime worked, in lieu of overtime payment. I understand that at all times I must maintain an accurate and truthful record of my hours worked each day and each work period. I am to sign-in and sign-out recording the exact minute that I begin work, take meal periods and leave work each day.

Employee's Signature

Supervisor's Signature

Date

Date

NOTE: All employees are to complete this form. Only FLSA non-exempt employees are entitled to FLSA compensatory time for overtime worked. FLSA exempt employees are not entitled to FLSA compensatory time. If unsure of FLSA status, please check with the Office of Human Resources.