

**NORTH GEORGIA HEALTH DISTRICT
UNDERSTANDING CONCERNING
FLSA COMPENSATORY TIME**

I, _____, acknowledge and understand that, as part of the terms and conditions of my employment with the County Board of Health, _____ (CBH organizational unit), I may be required to work more than forty (40) hours in a work period.

I further understand that if I am a non-exempt employee, 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 I must at all times 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 SIGNATURE

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 hiring official.*