APPENDIX E

Voluntary Waiver of Daily Overtime

Employee Name: _____ ID#:_____ Mail Code: _____

Hire Date: _____ Email: _____ Phone: _____

Department: _____ Supervisor: _____

The purpose of this waiver is to allow employees flexibility with their work day schedule as approved by the employee's department and an authorized representative of the Union. To this end, an employee wishing to continue working at the end of his/her normal work day may continue to do so with approval of his/her supervisor and without incurring overtime, while foregoing an equal number of work hours in subsequent days within the same work week. This waiver may be initiated either by the employee or his/her supervisor, provided that the waiver is for the employee's benefit.

Reason for Waiver: _____

_____

I, _____, do hereby agree to waive overtime otherwise due me for hours worked in excess of eight (8) hours per day. This waiver is for my own benefit. I agree that I will not be eligible for overtime compensation (time and one-half times my regular hourly rate of pay) except for hours worked in excess of forty (40) hours in a work week - regardless of the number of hours I work in a day within such work week. This Agreement supersedes and negates the overtime provisions of Article 9.1 of the OHSU/AFSCME Collective Bargaining Agreement for as long as this waiver remains in effect. I understand that I may cancel this waiver at any time by written notification to the OHSU Payroll Department. Any such decision shall become effective with the next full pay period following proper notification. This waiver may also be rescinded by the Department by providing the Payroll Department and me with notification of its termination effective with the next full pay period.

I understand that this Agreement will become effective with the next bi-weekly pay period following signature of the parties noted below and receipt by the OHSU Payroll Department.

_____ _____ _____ _____

Department Representative Date Union Staff Date

_____ _____

Employee Signature Employee ID#

Send signed form to AFSCME office
6025 E. Burnside St.
Portland, Oregon 97215
FAX: (503) 239-9441

Once fully executed, fax completed form to: Payroll Office Fax (503) 346-6839