

**INDIVIDUAL LETTER OF AGREEMENT**  
between the  
**STATE OF ALASKA**  
and the  
**ALASKA PUBLIC EMPLOYEES ASSOCIATION**  
representing the  
**SUPERVISORY UNIT**

**(Employee Name), Compensatory Time**

**LOA SS-Dept # -FY-Sequence #**

It is agreed between the parties that the following terms and conditions of employment will apply to (Name), (Position) with the Department of (Dept). No provision of the July 1, 2010 through June 30, 2013 master agreement not specifically referenced herein is modified by this agreement.

1. [Employee] will accrue compensatory time in lieu of overtime. Compensatory time will accumulate at the rate of one and one-half (1.5) hours for each hour of work in excess of forty (40) hours of work per week.
2. The accumulation of compensatory time in lieu of monetary payment will be made in each pay period. Compensatory time will be allowed to accumulate to a maximum of 240 hours. Hours worked beyond this maximum will be paid each pay period at the appropriate rate.
3. All hours worked on a holiday and/or in excess of forty (40) hours in a workweek will require written supervisory approval/authorization and will be documented on the employee's timesheet.
4. The employee may use compensatory leave in lieu of personal leave when available and business permitting, with the reason for the leave noted in the explanation section of the Leave Request/Report form.
5. Use of compensatory leave in lieu of personal leave does not exempt the employee from the mandatory leave usage requirement of the master agreement.
6. In the event this agreement is canceled, the employee transfers to a position not covered by this Agreement, the position is changed to not eligible for overtime, or the employee separates from the Department of (name), any unused compensatory time earned by the employee will be paid out to the employee at the employee's annualized hourly rate of pay within thirty calendar (30) days.
7. This agreement is effective (date or upon signing) and remains in effect through (date), except that it may be canceled by either party upon fifteen (15) calendar days written notice.

This agreement is entered into solely to address the specific circumstance of this particular situation. It does not establish any practice or precedent between the parties. This agreement

shall not be referred to in any other dispute, grievance, arbitration, hearing, or any other forum, except as may be necessary for the execution of its terms.

**FOR THE STATE OF ALASKA:**

**FOR APEA/AFT (AFL-CIO):**

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(Name)  
Human Resource Manager  
Department of Administration

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(Name)  
(Title: Field Representative, etc.)

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Date

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Date