

STATE OF NORTH CAROLINA
JUDICIAL BRANCH OF GOVERNMENT
ADMINISTRATIVE OFFICE OF THE COURTS
Human Resources Division
PO Box 2448
Raleigh, NC 27602

STATUS OF EMPLOYMENT
UNDER THE
FAIR LABOR STANDARDS ACT

Courier Box 56-10-50

Phone: (919) 890-1100
Fax: (919) 890-1906

INSTRUCTIONS: *The purpose of this form is to ensure that you understand your employment status. If you do not understand your status under the Fair Labor Standards Act, please contact your Hiring Authority or the NCAOC Human Resources Division.*

EXEMPT FROM THE OVERTIME PROVISIONS OF THE FAIR LABOR STANDARDS ACT

I understand that my position is exempt from the overtime provisions of the Fair Labor Standards Act. I also understand that no additional monetary compensation will be provided for any work performed by me over 40 hours per week.

It is at the discretion of my hiring authority whether I am granted compensatory time off on an hour for hour basis.

<i>Date Signed</i>	<i>Signature Of Employee</i>
<i>Date of Employment Or Change In FLSA Status</i>	<i>Name of Employee (Type Or Print)</i>

SUBJECT TO THE OVERTIME PROVISIONS OF THE FAIR LABOR STANDARDS ACT

I understand that my position is subject to (non-exempt) the overtime provisions of the Fair Labor Standards Act, and that in accordance with Judicial Branch policy, I will be given time and one-half off for hours worked beyond forty (40) hours per workweek. I also understand that management is responsible for scheduling compensatory time off and that reasonable efforts will be made to accommodate my schedule. If it is not possible for compensatory time off to be taken within 365 calendar days after it is earned, monetary payment will be made to me. **I further understand that I cannot waive my rights to overtime compensation (time off or monetary payment) for any hours worked beyond forty (40) in a workweek. I also understand that I must record my time worked accurately, entering only actual hours worked on the days I actually worked them.**

If your position is temporary, then you will be paid immediately for any hours worked beyond forty (40) per workweek.

<i>Date Signed</i>	<i>Signature Of Employee</i>
<i>Date of Employment Or Change In FLSA Status</i>	<i>Name of Employee (Type Or Print)</i>