

Davidson County Emergency Services

Time for Time Agreement

I, the undersigned employee of Emergency Services, do hereby agree that the duties I performed are for the benefit of Davidson County Emergency Services and I will receive compensation time off at the rate of one and one half (1.5) hours for each (1) hour worked. (1.5:1)

I understand that duties must **ONLY** be performed in a capacity as outlined in the TFT compensation policy. Accrued time must be taken within a reasonable time after approval and provided it will not cause an undue disruption of operations of Emergency Services.

If accrued TFT meets or exceeds a total of **seventy-two (72)** hours, then I will be **required** to reduce the amount earned to a level below seventy-two (72) hours within a 30 day time period or be assigned TFT off by administration. I furthermore agree that I will use all accumulated TFT prior to terminating my employment with Davidson County. I understand that accrued TFT cannot be used within the last 2 weeks of my employment without prior written approval from the Emergency Services Director.

_____ Name of Employee (Printed)	_____ Hours Worked
(Filled in by Admin)	_____ Hours @ 1.5:1
_____ Signature of Employee	_____ Date Worked
_____ Signature of Supervisor	_____ Date Authorized
_____ Reason for TFT/ Type of work performed	

Reason must be specific and should be supervisor authorized. Each event worked requires the submission of a separate TFT form. DO NOT put multiple events on one (1) form.