

## **State of New Mexico** FLSA Status Determination

Employee Name:	Employee ID:
Classification:	Position Number:
Business Unit:	
☐ Covered by FLSA Overtime work will be compensated in accordance with the provisions of FLSA	
☐ Not Covered by FLSA	
I,, agree with my FLSA determination.	
Employee Signature:	Date:
I,, <b>disagree</b> with my FLSA determination. If you disagree, you may appeal your FLSA overtime status to Talent Acquisition.	
Employee Signature:	Date:
The provisions set forth in the Agreement between the State of New Mexico and the American Federation of State, County and Municipal Employee (AFSCME) New Mexico Council 18 and The Communications Workers of America, AFL-CIO, CLC State Employee Alliance (CWA) state that bargaining unit eligible employees who have completed their probationary period (one year from hire date) are eligible for the Bargaining Unit.  Effective you accepted the position of with	
Date	Classification Agency
☐ This position <b>IS</b> covered by the bargaining unit.	
☐ This position <b>IS NOT</b> covered by a bargaining unit.	
Employee Signature	Date