

8.2.1F3 – COMPENSATORY TIME DOCUMENTATION FORM

Please complete the information below and return to the employee’s Supervisor and copy to the District office.

Employee Name _____

Job Assignment _____

Building _____

Extra Hours Worked:

Date: _____ Time: _____

Reason for Compensatory Time:

Comments:

Employee’s Signature: _____ Date: _____

Requested By (District Administrator): _____

Approved By (Superintendent or Designee): _____