



COMP-TIME / OVER-TIME REQUEST

EMPLOYEE NAME: _____

DATE	DESCRIPTION	START TIME	END TIME	TOTAL TIME
Ttl Time:				

NOTE:
All Comp-time / Over-Time MUST be approved by your Supervisor, Superintendent, Principal, or Assistant Principal. Comp-time / Over-time turned in without an approval signature will be returned to you.

Completed Comp-time / Over-time forms are to be turned in to Robyn Rhode for recording.

APPROVED BY: _____

DATE: _____