

COMPENSATION TIME SCHEDULE

Name: _____

1. NEW COMPENSATION TIME (PLEASE SUBMIT PRIOR TO BEGINNING THE WORK)

I UNDERSTAND THAT I AM BEING ASKED TO WORK BEYOND MY REGULAR SCHEDULED HOURS ON THE DATE BELOW. I WOULD NOT LIKE TO BE PAID OVERTIME BUT RATHER FOR THE HOURS TO BE NOTED AND ACCUMULATED AS COMPENSATION TIME.

DATE: _____

TIME: FROM _____ TO _____

HOURS ACCUMULATE: _____

2. USE OF COMPENSATION TIME (PLEASE SCHEDULE TWO DAYS PRIOR TO USE)

I WOULD LIKE TO USE THE FOLLOWING COMPENSATION HOURS AT THE INDICATED TIME. I AM AWARE THAT SCHEDULING OF THE HOURS MUST BE APPROVED BY THE DIRECTOR FIRST. AS A RESULT, PLEASE DO NOT MAKE FIRM PLANS SUCH PURCHASING TICKETS UNTIL APPROVED.

DATE: _____

TIME: FROM _____ TO _____

HOURS ACCUMULATED: _____

DATE: _____

TIME: FROM _____ TO _____

HOURS ACCUMULATED: _____