

COMPENSATION TIME
ACCUMULATION/REQUEST FORM

ONLY TO BE USED IN EMERGENCIES

Extra hours worked that you are to be compensated with matching time off must be approved prior to extra duties being performed. The superintendent has the final approval on all requests.

Name _____ Soc. Sec. No. _____ Bldg. _____

	<u>Date</u>	<u>Duties Performed</u>	<u>Hours From-To</u>	<u>Total Days/Hours</u>	<u>Principal Signature</u>
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Total					

	<u>Date</u>	<u>Compensation Time Requested</u>	<u>Hours/Days</u>	<u>Principal Signature</u>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total				

Employee Signature

____ Approved
____ Not Approved

Reason _____

Superintendent's Signature