



CLASSIFIED STAFF COMPENSATORY TIME AUTHORIZATION FORM

DATE: _____

NAME: _____

DEPARTMENT: _____

Dates of earned COMPENSATORY TIME	FROM	Hours claimed for compensatory time TO	TOTAL # of hrs
<u>TOTAL FOR PERIOD EARNED</u>			

EMPLOYEE'S Signature: _____

SUPERVISOR'S Signature: _____

COMPENSATORY TIME IS EARNED AND USED IN INCREMENTS OF 15 MINUTES.
EARNED COMPENSATORY TIME MUST BE USED WITHIN 90 DAYS OF THE DATE THAT THE EMPLOYEE IS CREDITED WITH COMPENSATORY TIME, OR IT WILL BE ADDED TO THE EMPLOYEE'S SICK LEAVE BALANCE.

Human Resources Department