

REQUEST FOR COMPENSATION TIME

Date: _____ From: _____ Employee #: _____
Employee Name

Description & Location of Service: _____

Date(s) of Service: Month - _____ Year - _____

DAYS	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL HOURS
DATE								
HOURS WORKED								

NOTE: All Compensation Time earned during summer months must be taken by Christmas break. All Compensation Time earned during the school year must be taken in the school year it was earned.

Employee's Signature _____ Date _____

Approved by Principal/Supervisor _____ Date _____

Approved by Superintendent _____ Date _____

For Administration Office Use Only

Posted to Ascender: _____
Date

Posted to Absence Management: _____
Date