

CLASSIFIED STAFF COMPENSATORY TIME PRIOR AUTHORIZATION FORM

DATE: _____

NAME: _____

DEPARTMENT: _____

DATE **FROM** **TO** **TOTAL # of hrs**

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TOTAL HOURS EARNED FOR PERIOD

EMPLOYEE'S Signature: _____

SUPERVISOR'S Signature: _____

COMPENSATORY TIME IS EARNED AND REQUIRES PRIOR APPROVAL.

EARNED COMPENSATORY TIME MUST BE USED IN INCREMENTS OF 15 MINUTES AND WITHIN 90 DAYS OF THE DATE THAT THE EMPLOYEE IS CREDITED WITH COMPENSATORY TIME.

Human Resources Department