

HOOVER CITY SCHOOLS

COMPENSATORY TIME-REQUEST TO USE AND/OR BE PAID

Employee Name _____
(Please print or type)

- I would like to request that I be paid for _____ hours of my accumulated compensatory time.

(For this request, the employee should sign and date below; principal or supervisor approval is not required. The employee should send this form to the payroll department at Central Office or should give it to the payroll secretary at his/her school or department to be included with regular payroll information.)

- I request permission to use some of my compensatory time as listed below.

Date for which comp time will be used. _____

Hours I will be away from work on the above date. _____

If applicable, indicate how your duties will be covered during this time.

I understand that if I have not accrued this requested comp time by the end of the same week in which the time is taken, then my paycheck will be docked accordingly. I also understand that it is my responsibility to have my duties covered.

Employee Signature Employee Position Date

Administrator/Supervisor Signature Date

- Approved
- Not Approved