PALO VERDE COMMUNITY COLLEGE DISTRICT

REQUEST FOR COMPENSATORY TIME

All compensatory time MUST be approved by both the supervising VP and the Vice President of Administrative Services BEFORE it is accumulated.

(Please remember that comp time must be used by the end of each Fiscal Year.)

NAME: DATE:

POSITION:

DATE(S) FOR ACCUMULATION
OF COMPENSATORY TIME:

NUMBER OF HOURS REQUESTED:

JUSTIFICATION FOR COMPENSATORY TIME:

_____ _____
SUPERVISING VICE PRESIDENT'S SIGNATURE DATE

_____ _____
VICE PRESIDENT OF ADMINISTRATIVE SERVICE'S SIGNATURE DATE

Fill in after approved, when worked. Hours worked should not exceed hours approved.

DATE WORKED (xx/xx/xx)	HOURS WORKED (xx:xx to xx:xx)	TOTAL HOURS	X 1.5 (total hours x 1.5)	SUPERVISOR'S INITIALS

_____ _____
RECEIVED BY PAYROLL (EMPLOYEE INITIALS) DATE

Please remember you must have a -0- balance by the end of each Fiscal Year.