

PALO VERDE COMMUNITY COLLEGE DISTRICT

REQUEST FOR COMPENSATORY TIME

All compensatory time **MUST** be approved by **both** the **Supervisor** and the **Supervising Vice President BEFORE** it is accumulated.

(Please remember that Comp Time must be used within 12 months from earned.)

NAME: _____ DATE: _____

POSITION: _____

DATE(S) FOR ACCUMULATION OF COMP TIME: _____

NUMBER OF HOURS REQUESTED TO WORK: _____

JUSTIFICATION FOR COMPENSATORY TIME: _____

SUPERVISOR'S SIGNATURE DATE

SUPERVISING VICE PRESIDENT'S SIGNATURE DATE

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

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

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Request the Time

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Request the Payout

RECEIVED BY PAYROLL DATE

**Please remember that Comp Time must be used within 12 months from earned.
Cannot exceed 24 hours of accumulated Comp Time**