

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

Request the Time

Request the Payout

RECEIVED BY PAYROLL (EMPLOYEE INITIALS) DATE

**Please remember you must have a -0- balance by the end of each Fiscal Year.
Cannot exceed 16 hours of accumulated Comp Time**