

# 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 COMPENSATORY TIME: \_\_\_\_\_

NUMBER OF HOURS REQUESTED: \_\_\_\_\_

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

Request the Time

Request the Payout

\_\_\_\_\_  
RECEIVED BY PAYROLL

\_\_\_\_\_  
DATE

**Please remember that Comp Time must be used within 12 months from earned.  
Cannot exceed 20 hours of accumulated Comp Time**