**Comp Time Form**

Compensated time is time worked above 40 hours in a work week.

All compensated time must be approved in advance by your Supervisor and reconciled by June 30th of the current fiscal year.

**Only use this form to record hours worked above 40 hours in a work week**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week of** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Signature of Employee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initials of Supervisor**: \_\_\_\_\_\_\_\_\_\_ **Date Approved**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only:

\_\_\_\_\_\_\_\_\_\_ worked hours converted to \_\_\_\_\_\_\_\_\_\_ comp hours.