



Telephone (956) 969-6914

Weslaco Independent School District Professional Development Department

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*Dr. Priscilla Canales
Superintendent of Schools*

2020-2021 Time Equivalency (TE) Comp Time Pre-Approval Form

Name: _____ Employee ID#: _____

Campus/Department: _____

Staff members requesting TE credit for comp time must complete the following process to earn credit.

STEP 1: Secure supervisor approval prior to 3 August 2020. Approval will include date of comp time and task(s) to be completed.

STEP 2: Once request has been approved, the campus/department and employee must comply with district comp time approval requirements.

STEP 3: Upon completion of the comp time, upload a copy of the HR Compensatory Time Reporting Form AND the approved compensatory time memorandum from the district along with this form.

Affidavit: I, the undersigned,

_____ will acquire these comp time hours outside the contracted workday,

_____ will not supervise students during this time, and

_____ will NOT receive reimbursement or a stipend for the comp time worked.

Signature of Staff Member

Date

Comp Time Duties: _____

Date(s) of Comp Time: _____ Location: _____

Hours of Credit _____

For Supervisor Use ONLY

_____ APPROVED (Comp Time meets ALL HR Guidelines)

_____ NOT APPROVED (Comp Time does NOT MEET ALL HR Guidelines)

Signature of Supervisor

Date

NOTE: TE hours will be forfeited if the TE Guidelines are not followed.