VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

CLASSIFIED EMPLOYEE COMPENSATORY TIME REPORT

Name: _____ Site / Department: _____

Month: _____, 20___.

Date	Day of the Week	Hours	Job Performed (for Comp. Time Earned)	Comp. Time Used	Comp. Time Earned *	
					Straight Time	1 ½ Time
Monthly Total						

Balance from Compensatory Time Report dated: _____ _____

Add: Total Hours Earned This Month: _____

Minus: Total Hours Used This Month: _____

Current Compensatory Time Balance: _____

* The compensatory time applies to extra hours worked above the employee's contract hours.
The straight time applies to hours worked above contract hours and less than 8 hours for the day.
The 1½ time applies to hours worked in excess of 8 hours in any one day or in excess of 40 hours in any one week.

Note: Submit this report with monthly timecard if employee worked compensatory time in the month.
All compensatory time earned or used should have prior approval from the supervisor.
The compensatory time report shall be maintained and monitored by site supervisor.

_____ _____

Employee's Signature Supervisor's Signature