Personnel

Compensatory Practices

I. Purpose

This policy defines the district’s compensatory practices for employees related to time spent beyond the scope of their regular duties and job responsibilities.

II. General Statement of Policy

A. The district will develop compensatory practices for time spent by employees beyond the scope of their regular duties and job responsibilities. The compensatory practices will align with work agreements and district policies.

B. The administration will review the practices and share the compensatory practices with employees.

III. General Procedures

A. The superintendent directs administration to develop compensatory procedures that include guidelines, definitions of approved and unapproved compensatory time, and appropriate forms.

B. The following employee groups may access compensatory time: teachers and support staff (e.g. clerical, custodial, confidential, specific non-exempt community education positions).

C. An employee must submit a written request, using Appendix I, for compensatory time to the employee’s supervisor or the building principal for work beyond regular duties and responsibilities, prior to completing the work. The principal or supervisor may seek additional input from site leadership teams or district administration before approving or denying compensatory time.

D. The following criteria must be met before a request for compensatory time is approved:

1. The work cannot be completed during regular duty hours;

2. The work cannot be completed during release time or by a substitute employee;

3. The work cannot be completed with the assistance of other employees, volunteers and/or students; and
4. All other creative solutions have been explored.

E. Compensatory time will be allocated in accordance with any applicable employee contract or guidebook language.

F. The principal or supervisor is responsible for all procedures being followed, including the required financial coding for compensatory time.
Appendix I
REQUEST FOR OVERTIME OR USE OF COMPENSATORY TIME

Employee name ________________________________  Date __________________

I request to work overtime on the following date(s):

# of hours  Date

# of hours  Date

Reason this work cannot be completed during regular work hours:

________________________________________________________________________

________________________________________________________________________

Your request is:  _______approved  _______denied

_____________________________
Supervisor’s signature

I request to use compensatory time on the following date(s):

# of hours  Date

# of hours  Date

Your request is:  _______approved  _______denied

_____________________________
Supervisor’s signature