

Unified School District of De Pere

Compensatory Time Request

Name: _____ Date: _____

Date of Work: _____

Time of Work: _____

Reason for Work: _____

I hereby request that the hours listed above be added to my compensatory time balance.

Employee Signature: _____

Supervisor Signature: _____

Building Principal Signature: _____

This is **over-time** accumulation of _____ hours X 1.5 = _____ (over 40 hours/week)