Weslaco Independent School District
Human Resources Department
319 W. 4th St. / P.O. Box 266
Weslaco, Texas 78596

Telephone (956) 969-6619 *Fax (956) 969-6940*

COMPENSATORY TIME

CAMPUS/DEPARTMENT: _____ ***EMPLOYEE ID:*** _____

EMPLOYEE NAME: _____ **DATE:** _____

DATE	DAY	IN	OUT	TOTAL TIME	EVENT	ADMINISTRATOR'S APPROVAL

TOTAL HOURS EARNED _____ x 1.5 _____

TOTAL HOURS EARNED _____ **@ Regular Time** _____

I CERTIFY THESE HOURS WORKED ARE TRUE AND CORRECT.

_____ _____
Employee Signature *Date*

_____ _____
Administrator's Signature *Date*

NOTE: Please attach documentation stating approval of overtime/compensatory time.