



Wayne County School District

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Tommy Branch Superintendent of Education
Lynn Revette Assistant Superintendent

Anetia Beal-Norsworthy – District 1
Wilma Taylor – District 2
George Alsworth – District 3
Al Smith – District 4
Dorcus Reynolds – District 5
Marcus Evans – Board Attorney

Wayne County School District

Comp Time Request Form
for Unclassified and Classified Employees

Employee Name: _____ School: _____
Position: _____

(Please Print)

(Please Print)

| REQUEST TO USE COMP TIME | | | | ACTUAL COMPENSATORY HOURS WORKED | | | |
|--------------------------|-------------------------------|-----------------|---------------------|----------------------------------|--------------|--------------------------|-------------|
| DATES REQUESTED | TYPE COMP | HOURS REQUESTED | DESCRIPTION OF WORK | DATES WORKED | HOURS WORKED | | TOTAL HOURS |
| | | | | | FROM | TO | |
| | <input type="checkbox"/> Comp | | | | | | |
| | <input type="checkbox"/> Comp | | | | | | |
| | <input type="checkbox"/> Comp | | | | | | |
| | <input type="checkbox"/> Comp | | | | | | |
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| | <input type="checkbox"/> Comp | | | | | | |
| | <input type="checkbox"/> Comp | | | | | | |
| | <input type="checkbox"/> Comp | | | | | | |
| | | | | | | TOTAL COMP HOURS: | |

The above named employee has been approved to earn compensatory leave for the days and times listed above.

Supervisor _____ Date _____

Dean/Div/Dept. Head _____ Date _____

Vice Chancellor _____ Date _____

I certify that I have worked the dates and times listed above.

Employee _____ Date _____

I hereby certify that the above listed employee has earned compensatory leave.

Supervisor _____ Date _____

Dean/Div/Dept. Head _____ Date _____