

Denison ISD Compensatory Time Approval Form

Employee Name: _____ Employee Number: _____

(Employee should attach work detail for the week)

Day	Date	Hours Authorized	Reason for Overtime
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Week Total			

Principal / Director Approval

Date

Assistant Supervisor of Administration Approval

Date



For Business Office Use Only

Entered into leave system: _____