WESLACO INDEPENDENT SCHOOL DISTRICT

Dr. Richard Rivera, Superintendent of Schools

COMPENSATORY TIME

CAMPUS/DEPARTMENT: _____

EMPLOYEE ID: _____ EMPLOYEE NAME: _____

DATE	DAY	TIME IN	TIME OUT	TOTAL TIME	EVENT	ADMINISTRATIVE 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.

HUMAN RESOURCES DEPARTMENT

Mrs. Janie D. Ybarra-Rodriguez, Assistant Superintendent

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