A-C Valley School District
Compensatory Time

Name: _____

Date of Request: _____

I am hereby requesting the approval of Compensatory Time for my anticipated work on

_____.
Date(s) of Work

If approved, I intend to use the Compensatory Time on the following date(s) during the current school year:

_____.

_____
Signature of Employee

☐ I approve of this date request for Compensatory Time _____
Principal Signature

In exchange for your work in the dates indicated above, you will receive _____ comp days for the current school year only. These days are to be used during the current school year and will not be carried from year to year.

_____ _____
David McDeavitt, Superintendent Date

Cc: L. Sherman, Elementary Principal
W. Jordan, High School Principal
E. Morrison, Business Manager