



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. Compensatory time must be used in the same duty year it is earned. and it does not carry over into the next calendar year.

HUMAN RESOURCES DEPARTMENT

Dr. Janie D. Ybarra-Rodriguez, Assistant Superintendent

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