SANTA MARIA INDEPENDENT SCHOOL DISTRICT

COMPENSATORY TIME REQUEST FORM

1. EMPLOYEE INFORMATION

Employee Name:	**Employee ID/Last Four of SSN:**
Campus/Department:	**Job Title:**
Pay Period:	**Date Request Submitted:**

2. COMPENSATORY TIME EARNED

Date Earned	Start Time	End Time	Total Hours Earned	Reason/Work Performed

Total Compensatory Time Requested: _____ Hours

3. EMPLOYEE CERTIFICATION

I certify that the compensatory time listed above was earned while performing job-related duties and that this request is being submitted within the pay period in which the compensatory time was earned. I understand that compensatory time must be approved before it is credited to my compensatory time balance.

Employee Name (Print):	**Employee Name (Signature/Initials) & Date:**

4. CAMPUS/DEPARTMENT APPROVAL

I have reviewed the compensatory time requested and verify that the time was earned as reported. I approve the crediting of the compensatory time to the employee's compensatory time balance.

Campus/Department Leader Name (Print):	**Campus/Department Leader Name (Signature/Initials) & Date:**

5. SUPERINTENDENT OF SCHOOLS APPROVAL

I have reviewed and approve the compensatory time requested above.

Superintendent of Schools:	**Superintendent of Schools (Signature/Initials) & Date:**

6. IMPORTANT NOTICE (REVIEW)

Compensatory time requests must be submitted and approved within the pay period in which the time is earned. Employees and supervisors are responsible for maintaining accurate records of compensatory time earned and used.

Compensatory time is not a “use it or lose it” benefit. Supervisors shall work with employees to schedule and exhaust accumulated compensatory time within a suitable timeframe, consistent with District policy and applicable law.