Alachua County Public Schools

Payroll Department

Compensatory Time Report

Employee Name: _____ Location: _____

Employee Number: _____ Job Title: _____

Date Comp Time Earned	Reason	Hours Earned	Rate 1.5 or 1.0	Comp Time Available	Hours Used	Date Used	Hours Remaining

Immediate Supervisor: _____ Date: _____

Assistant Superintendent: _____ Date: _____

If compensatory time is not taken within the current calendar year, compensatory time balance must be paid to the employee. The daily timesheet for the period in which compensatory time was earned must be attached to this form prior to approval.