

For NonExempt Employees Only

This form is due to the Payroll Office on the 16th and 1st of each month.
COMP time must be approved by the supervisor prior to being earned.
Work weeks run from Sunday through Saturday.

NAID/EMPLID#: _____

COMP Time Hours Worked (COMP time will be compensated at 1.5 times hours worked)					COMP Time Used			
WEEK 1 begin date _____ & end date _____, 20____					WEEK 1 begin date _____ & end date _____, 20____			
From:		To:			From:		To:	
Date	Hour	Date	Hour	Justification for Comp Time	Date	Hour	Date	Hour
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
Total COMP Time Worked WEEK 1: _____ * 1.5 = _____ COMP hours earned					Total COMP Time Used WEEK 1: _____			
WEEK 2 begin date _____ & end date _____, 20____					WEEK 2 begin date _____ & end date _____, 20____			
From:		To:			From:		To:	
Date	Hour	Date	Hour	Justification for Comp Time	Date	Hour	Date	Hour
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
Total COMP Time Worked WEEK 2: _____ * 1.5 = _____ COMP hours earned					Total COMP Time Used WEEK 2: _____			
WEEK 3 begin date _____ & end date _____, 20____					WEEK 3 begin date _____ & end date _____, 20____			
From:		To:			From:		To:	
Date	Hour	Date	Hour	Justification for Comp Time	Date	Hour	Date	Hour
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
/	_____ am/pm	/	_____ am/pm	_____	/	_____ am/pm	/	_____ am/pm
Total COMP Time Worked WEEK 3: _____ * 1.5 = _____ COMP hours earned					Total COMP Time Used WEEK 3: _____			

I certify the above is a true record of COMP time hours worked and earned, and also COMP time hours used for the dates as indicated.

_____/_____/_____
Supervisor's Signature Date