



Classified Staff Request to Accrue and Use (COMP) Compensation Time Off

Non-Exempt employees are eligible for compensatory time according to FLSA guidelines. Please review Classified Handbook guidelines before completing this form.

Employee Name: _____ School/Dept: _____
Position: _____ Supervisor Name: _____
Reason for Request: _____

Comp Time Pre-Approval Request

This section must be completed and approved before an employee works hours they want to designate as comp time

Approximate Hours Needed: _____ x 1.5 hours = _____ Total Hours Earned
Date of Work: _____ *if work hours exceed
Date to Be Used: _____ 40 hours/week*

Employee Signature _____ Date _____

Supervisor Name _____ Signature _____ Date _____

Comp Time Confirmation

This section must be completed when an employee finishes hours designated as comp time

Hours Worked: _____ x 1.5 hours = _____ Total Hours Earned
Date of Work: _____ *if work hours exceed
40 hours/week*

Comp Time Usage Request

This section must be completed and approved when employee plans to take his/her earned comp time hours

Begin Use of Comp Time Date: _____ End Use of Comp Time Date: _____
Comp Time Hours Used: _____ Balance of Comp Time Hours Remaining: _____

Employee Signature _____ Date _____

Supervisor Name _____ Signature _____ Date _____