

**PALO VERDE COMMUNITY COLLEGE DISTRICT**

**REQUEST FOR COMPENSATORY TIME**

All compensatory time **MUST** be approved by **both** the **Supervisor** and the **Supervising Vice President BEFORE** it is accumulated.

**(Please remember that comp time must be used by the end of each Fiscal Year.)**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE(S) FOR ACCUMULATION  
OF COMPENSATORY TIME: \_\_\_\_\_

NUMBER OF HOURS REQUESTED: \_\_\_\_\_

JUSTIFICATION FOR COMPENSATORY TIME: \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISING VICE PRESIDENT'S SIGNATURE

\_\_\_\_\_  
DATE

Fill in after approved, when worked. Hours worked should not exceed hours approved.

DATE WORKED (xx/xx/xx)	HOURS WORKED (xx:xx to xx:xx)	TOTAL HOURS	X 1.5 (total hours x 1.5)	SUPERVISOR'S INITIALS

Request the Time

Request the Payout

\_\_\_\_\_  
RECEIVED BY PAYROLL

\_\_\_\_\_  
DATE

**Please remember you must have a -0- balance by the end of each Fiscal Year.**

**Cannot exceed 16 hours of accumulated Comp Time**