SAN FRANCISCO COMMUNITY COLLEGE DISTRICT

CLASSIFIED COMPENSATORY TIME EARNED

Name_________________________________________ Employee No_________________________

Classification___________________________________________________________

Department________________________________________ Phone No___________________________

Day of Week_________________________ Date Worked_________________________

Compensatory Hrs Worked: From _______________ to_________________________

___________________ to________________________

_________________ to__________________________

TotalCompensatory HrsWorked:________________________

Reason:

Compensatory time earned can not be reported at less than one-half (½) hour per day.

_________________________________________  __________________________
Employee’s Signature  Date of Signing

_________________________________________  __________________________
Department Head/Administrator  Date

_________________________________________  __________________________
DBO-Classified Payroll  Date

NOTE: This form must be forwarded to the District Business Office, Classified Payroll Section,
33 Gough Street, San Francisco, CA  94103, as soon as possible.