

CLASSIFIED COMPENSATORY TIME EARNED

	Employee No:
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Last Name	First Name	
Payroll Org No.:	Classification:	Department:
Pay Period #:	From:	To:

Date	Day	Time From	Time To	No. Of Hrs	Reason For Comp Time
	Sat	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Sun	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Mon	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Tues	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Wed	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Thurs	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Fri	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Sat	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Sun	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Mon	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Tues	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Wed	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Thurs	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Fri	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
Total Hours					

I hereby certify that I have performed the Assignment indicated above.

Signed: _____ Date: _____ Phone: _____
 (Employee)

Approved: _____ Date: _____ Phone: _____
 (Dean/Dept. Head/Program Supervisor)

*Comp Time form not received at 33 Gough on or before the last day of the pay period will not be paid until the following pay period.
 * Submit all the compensatory time in one form **ONLY** for each pay period.