DOTHAN CITY SCHOOLS
COMPENSATORY TIME - REQUEST TO USE

Employee Name _____

(Please print or type)

☐ **I request permission to use some of my compensatory time as listed below.**

Date for which comp time will be used _____

Hours I will be away from work on the above date _____

If applicable, indicate how your duties will be covered during this time_____

_____

_____

_____

I understand that if I have not accrued this requested comp time by the end of the same week in which the time is taken, my paycheck will be docked accordingly. I also understand that it is my responsibility to have my duties covered.

_____

Employee Signature **Employee Position** **Date**

☐ Approved

_____ _____

Administrator/Supervisor Signature Date

☐ Not Approved

_____ _____

Chief School Financial Officer Date