

# Employee Comp Time Form

## School District of Rib Lake

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date of Comp Time Earned: \_\_\_\_\_

Hours of Comp Time Earned:: \_\_\_\_\_

Activity Done for Comp Time: \_\_\_\_\_

It is requested that the above time be used as Comp Time and should be handled as follows:

- Hours to be used at a later date
  
- Direct payment

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

This is to be filled out and turned into your building supervisor along with any other form according to the Comp Time you are requesting.

**NOTE:**

- This form must be submitted within 24 hours to earn Comp Time
- All questions regarding Comp Time requests should be directed to the building principal

Original:     \_\_\_ Building Principal  
Copy:         \_\_\_ Employee