


**Top of Form:**

Please enter **First and Last Name** and **Employee ID (can be found in Self Service or call HR)**

*\*Must provide an explanation of extra time worked. A Word or PDF attachment can be added with a summary of work completed if the provided fields are not large enough.*

DocuSign Envelope ID: FD206E90-9817-44C8-8A87-7853F8E6CA38

 **REPORT OF COMP TIME EARNED**  
CLASSIFIED EMPLOYEES

Office of Human Resources, Training & Development


---

This report is to be turned in at the end of each month to the Office of Human Resources, Training and Development. It is to be signed by the employee and the supervisor who authorized the overtime. The Office of Human Resources will compute and record the comp time at the rate of 1 and ½ of the hours of overtime worked. Employees who normally work less than 8 hours per day will earn on an hour for hour basis up to 8 hours per day, and at a rate of 1 and ½ for any hours worked in excess of 8.


This comp time may be used at the convenience of the employee and the supervisor involved. Approval for such should be turned in on a "Request for Leave" form by marking "comp time" and noting the number of hours to be used.

NAME:  EMPLOYEE ID#:

DATE	ADDITIONAL HOURS WORKED	DUTIES Required
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Optional

Please submit this form monthly. Please do not hold comp time forms for multiple months, each form should contain the time for the previous month only.

Employee Signature:  \_\_\_\_\_ Date: 8/3/2022 | 2:33 PM PDT

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: 1. Total accumulated comp time cannot exceed 240 hours and must be used within 12 months of being earned.  
2. Refer to District/SEIU negotiated agreement articles 14.6.1 OVERTIME and 14.6.3 COMPENSATORY TIME OFF.

Rev 12/2020