

COMPENSATORY TIME FORM

I hereby certify that I have accumulated the ''comp'' time listed below in the performance of my regular duties.

<u>AMOUNT (HOURS)</u>	<u>DATE</u>	<u>VERIFIED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYEE'S SIGNATURE

(This form must be completed by the employee and verified by the Superintendent or his designee within 48 hours of completion of ''comp'' time.)