

**RESA IV
SERVICE PERSONNEL COMPENSATORY TIME AGREEMENT**

PART 1

(To be completed & given to Executive Director/Designee for approval)

Compensatory time shall be requested and approved in advance per RESA IV policy. If for some reason, compensatory time is not earned as requested, this form is void.

I respectfully request approval for earning compensatory time (half-time personnel earn hour for hour for 20 to 40 hours and full-time personnel 1.5 hours for each hour over 40 hours per week) on:

Estimated Date/Time: _____

Purpose: _____

Employee Signature _____ Date _____

PART 2

(Executive Director/Designee completes & returns to employee)

Approved: _____ Not Approved: _____

Comments: _____

Executive Director/Designee Signature _____ Date _____

PART 3

(To be completed after approved & earned.
A copy of this form will be filed with employee timesheet)

I would like to request _____ as the date I would like to take compensatory time earned.

Initials of Executive Director/Designee _____ Date _____