



# Daily Comp Time Request Form

**Please Submit A New Form For Every Day Comp Time Is Being Requested**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date comp time was worked: \_\_\_\_\_

Hours worked outside normal schedule (i.e: 7 AM - 8 AM) \_\_\_\_\_

Total number of comp time hours worked: \_\_\_\_\_

Comments:

Employee Signature:

Date:

Supervisor's Signature:

Date:

**For HR Use Only Below This Line**

Was time submitted for this week already?      Yes      No

Total hours straight time:                      Total hours at time and a half:

HR Signature:

Date:

Date submitted to Payroll: