

**EXETER UNIFIED SCHOOL DISTRICT
REQUEST FOR COMP/OVERTIME**

Last Name	First Name	Last 4 numbers of SS#
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Time Period Start: _____ /1/ _____	Time Period End: _____ /31/ _____
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Regular Scheduled Hrs _____ to: _____	Payroll Use Only
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Date	Actual Over Contracted Time Worked	Explanation	Paid or Comp	Site Admin Approval	Hrs @ Regular Rate	Hrs @ Time & 1/2	Total Hours
	to						
	to						
	to						
	to						
	to						
	to						
	to						
	to						
	to						
	to						

REQUEST FOR USE OF COMP TIME

Date	Date Being Requested	Number of Hours Requested	Site Admin Approval

EMPLOYEE'S SIGNATURE

(Per Article X: Hours, Section 4.2, *Compensatory time shall be taken at a time mutually acceptable to the District and employee within the fiscal year which is was earned.*)

**This form should be used for the entire reporting period and attached to your time card for the same reporting period.
Use of comp time must be recorded on your time card.**