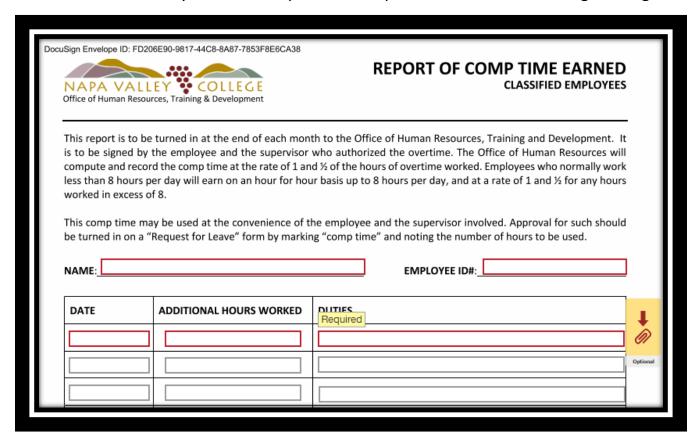
Top of Form:

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.



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:
	ne cannot exceed 240 hours and must be used within 12 months of being earned. iated agreement articles 14.6.1 OVERTIME and 14.6.3 COMPENSATORY TIME OFF.
Rev 12/2020	