

WASHINGTON UNIFIED SCHOOL DISTRICT

“Where everybody is somebody”

Election to Receive Compensatory Time in Lieu of Payment

Name _____ Location _____

Date(s)	# of Hours Worked	Total Overtime (Multiply # of hours worked by 1.5)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Total		

Compensatory time that has accrued may be submitted to the Personnel Office at the end of each month. Any compensatory time that is taken is to be recorded on the monthly Employee Absence Report form.

Employee's Signature

Date

Supervisor's Signature

Date

Original – Personnel Office