

PATRICK COUNTY PUBLIC SCHOOLS
Compensatory Time Request
Forty-Hour Contract

Request for overtime compensation:

_____ hereby requests _____ of overtime
Name *Hour(s)*

compensation on _____ to perform the following:
Date(s)

I agree to accept compensatory time for all overtime worked in excess of forty (40) hours. I understand that I may not accumulate more than thirty (30) hours of compensatory time during a pay period and that I must use all accumulated compensatory time prior to the end of my contract or my resignation/retirement.

Employee Signature

Date

Principal/Supervisor Signature

Date

A total of _____ hours of overtime compensation have been approved.

Superintendent or Designee

Date