Runge Independent School District

Comp Time Earned Authorization Form

Employee Name: _____

Pay Period: _____ - _____

Date:			
# of Hours over:	Amount x 1.00 or 1.50	Reason for Comp Time:	# of Comp Hours Earned:

Date:			
# of Hours over:	Amount x 1.00 or 1.50	Reason for Comp Time:	# of Comp Hours Earned:

Date:			
# of Hours over:	Amount x 1.00 or 1.50	Reason for Comp Time:	# of Comp Hours Earned:

Date:			
# of Hours over:	Amount x 1.00 or 1.50	Reason for Comp Time:	# of Comp Hours Earned:

Date:			
# of Hours over:	Amount x 1.00 or 1.50	Reason for Comp Time:	# of Comp Hours Earned:

Employee Signature **Date**

Supervisor Signature **Date**

Minutes:	Round to:
:00-:07	0
:08-:22	0.25
:23-:37	0.5
:38-:52	0.75
:53-:60	1

Superintendent Approval / Denial **Date**

**All comp time has to be pre-approved by the superintendent.