

**Smyrna School District
Authorization for Compensatory Time Form**

Employee's Name _____ Building: _____

Part I

PRE-APPROVAL TO EARN COMP TIME

Date(s) to be Worked: _____

Reason: _____

A) Current Number of Accumulated Comp Time Hours: _____

B) Estimated Additional from this Request: _____

C) Total Hours A + B _____ (If > 3 days Superintendent must approve)

Supervisor's Approval: _____ Date: _____

Superintendent's Approval: _____
(if required)

Part II

REQUEST TO USE COMP TIME

Current Unused Comp Time: _____

Date(s) Requested: _____

Hours Requested: _____

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Superintendent: _____