Non-Exempt Employee Accruing Compensatory Time

Note: Complete these 2 sections to accrue comp time!

EMPLOYEE DOG	<u>-</u>		<u> </u>	ene B\				\	EMPLOYEE NUMBER _			789			PERIOD ENDING 1-31-					
100 - 0700	DATE	Jan 18	Jan 19	Jan Zo	Jan 21	Jan 27	Jan 23	Jan 24	1ST WEEK TOTAL	Jan 25	Jan 26	Jan 27	Jan 28	Jan 29	Jan 30	Jan 31	2ND WEEK TOTAL	PAY PERIOD TOTAL		
	DAY	SAT	SUN	MON	TUE	WED	THU	FRI	HOURS	SAT	SUN	MON	TUE	WED	THU	FRI	HOURS	HOURS		
ACTUAL HOURS WORKED .				8	8	8	8	10	42	,		8	8	8	8	10	42	84		
HOLIDAY ADDED TO VA	CATION		REGULA	AR HRS	COMPENS	_OVERTI	1	ŒD	4	X 1,5 =	REGULA	COMPEN				RS				
HOLIDAY LEAVE																				
PAID TIME OFF																				
APPROVED EXT. ILLNESS I	BANK (EIB)																			
COMPENSATORY TIME US	ED .																			
BEREAVEMENT LEAVE																				
OTHER LEAVE (SPECIFY)																				
I CERTIFY THAT THE TIME REPORTED ABOVE ACCURATELY REFLECTS ACTUAL HOURS WORKED, AND RECOGNIZE THAT FAILURE ON MY PART TO ACCURATELY REPORT ALL HOURS MAY RESULT IN DISCIPLINARY ACTION. (SIGNATURE) PERSONAL USE OF COUNTY VEHICLES DURING THE TIME PERIOD SHOWN ABOVE WAS AS FOLLOWS (at least one must be applicable): 1 NO PERSONAL USE _ 2 EXEMPT VEHICLE USED ONLY 3 ONE WAY COMMUTES RATE @ \$\$1.50								WEEK	I CERTIFY THAT THE HOURS WORKED REFLECTED HEREON REPRESENT, TO THE BEST OF MY KNOWLEDGE, THE ACTUAL NECESSARY SERVICES PERFORMED BY THE EMPLOYEE. I REQUEST THAT THE EXCESS HOURS ON THIS TIME SHEET BE ACCRUED AS COMPENSATORY LEAVE TIME. Excess Hours I understain that I cannot accrue more than a total of 60 hours of Compensatory Leave and that I must use Compensatory Leave											
4. COMMUTING MILES @ 0.585 CENTS/MILE =									time before laking PTQleave. Employee Signature BOSS Supervisor's Approval Date Date											

Remember!

The 6 hours of compensator y time must be used/taken within the following two payperiods in which the overtime was worked. If the compensatory time is not used, then it must be paid as overtime.

To pay the compensatory time as overtime, complete and attach the following form to the timesheet for the payperiod in which the comp time is to be paid.

ATTACH TO FRONT OF TIME SHEET - Comp Leave Please pay out as overtime, hours that resulted in hours of Comp Leave that have not been used within the two pay period requirement.	
the Poe MARK BOSS	
Employee Signature Supervisor Signature	