



Compensatory Time "Comp-Time" PRE-APPROVAL Form Subject to FLSA

This form must be completed and **approved PRIOR** to any work being performed that may result in compensatory time or overtime hours being earned for an employee subject to the Fair Labor Standards Act (FLSA). This form must be approved to support any overtime hours being recorded for an employee.

Approval allows the individual below to accrue compensatory time for the dates shown. Comp-time earned will be applied first for any leave within the next pay-period. The employee and supervisor should work together to allow the employee to use this comp-time earned within the next pay-period. The employee must get pre-approval for using the comp-time earned.

Employee Location: _____ Date of Request: _____

Employee performing tasks: _____

Last 4 of Employee SSN#: _____ Employee's current position: _____

Dates the work will take place: _____

Total number of estimated hours to be worked (Over 40 hrs. per week): _____

Employee's Signature: _____ Date: _____

Principal/Supervisor's Signature: _____ Date: _____

Type of work to be performed: _____

Justification on why this work cannot be performed during a normal work schedule: _____

APPROVED: DENIED:

If DENIED, please provide explanation:

Superintendent's Signature: _____ Date: _____

Please provide a completed copy to the employee and payroll and Principal/Supervisor.