

McKINNEY

INDEPENDENT SCHOOL DISTRICT

MCKINNEY INDEPENDENT SCHOOL DISTRICT COMPENSATION TIME REQUEST

Employee Name: _____

Date(s) overtime occurred: _____

Justification for additional work: _____

TO BE COMPLETED BY SUPERVISOR:

Number of hours of OT worked: _____

Number of comp days earned: _____

Signature of supervisor: _____

The time may be accrued and used in half or whole day increments for inservice days, breaks, or other days of service. Compensation time not used in one school year will roll over to the next school year.

This form should be submitted to the Payroll Office upon completion.

PAYROLL USE ONLY: Daily Rate: _____