



# Certified Comp Time Approval

**Please Mark Approval Type Requested**

Pre-Approval

Post Approval

Name \_\_\_\_\_ Building \_\_\_\_\_

Position \_\_\_\_\_ Date of Requested Overtime \_\_\_\_\_

Supervisor Name/Department \_\_\_\_\_

**Reason for Overtime:**

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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Approved

Disapproved

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Approved

Disapproved

\_\_\_\_\_  
Superintendent or Designee

\_\_\_\_\_  
Date

**Submit completed form to Central Office**

05/20/2016