

HENRY COUNTY BOARD OF EDUCATION
COMPENSATORY TIME - REQUEST TO USE AND/OR BE PAID

Employee Name _____ Location _____
(Please print or type)

I would like to request that I be PAID for _____ hours of my accumulated compensatory time.

(For this request, the employee should sign and date below; principal or supervisor approval is not required. The employee should send this form to the payroll department at Central Office or should give it to the payroll secretary at his/her school or department to be included with regular payroll information.)

☐ I request permission to USE some of my compensatory time as listed below.

Date for which comp time will be used _____

Hours I will be away from work on the above date _____

If applicable, indicate how your duties will be covered during this time

I understand that if I have not accrued this requested comp time by the end of the same week in which the time is taken, my paycheck will be docked accordingly. I also understand that it is my responsibility to have my duties covered.

Employee Signature

Employee Position

Date