

**Personnel Assignment and Transfer**

**Compensatory Time Accumulation Approval Form**

**COMPENSATORY TIME ACCUMULATION APPROVAL FORM**

Individuals who begin work earlier or work later than their assigned hours must complete this form and must receive authorization from immediate supervisor and superintendent.

Date of proposed accumulation of time: \_\_\_\_\_

Times in which work will be done outside contracted time: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Total Time Accumulated