RAMAH NAVAJO SCHOOL BOARD, INC.

COMP/OVER TIME FORM

Employee Name: _____ **Date of Request:**_____

Department: EXECUTIVE OFFICE

Please Check one of following:
☐ **Compensatory Time**
☐ **Over Time** **(Granted based on prior approval & funding availability)**
☐ **Holiday**

Purpose /Work to be performed:
(State the tasks and why the work has to be done on comp/overtime hours.)

Estimate the number of hours required to complete the task described above. _____

Date Earned:_____ **Time Started:**_____ **AM/PM Time Ended:** _____**AM/PM**

Actual Hours Earned: _____

Compensatory Time must be used within the next two (2) pay periods following the pay period in which it was earned (PPM 301:4,II).

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_____ _____
Employee Signature Date

_____ _____
Immediate Supervisor Date

☐ Approved
☐ Disapproved

_____ _____
Division Director Date

Revised : 03/07/2014