

Compensatory Time Reporting Form

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

NOTE: Compensatory time must be reported by the end of the month for which it is earned and must be used in the next 60 days. COMPENSATORY TIME (MUST BE APPROVED IN ADVANCE): Month of earned time: Number of Hours: 2. Date of Comp. Time: Number of Hours: 3. Date of Comp. Time: ______ Number of Hours: _____ 4. Date of Comp. Time: Number of Hours: OVERTIME HOURS WORKED: X 1.5 = Less Compensating Overtime Used __ Total TO BE ENTERED IN PEALEAV Comp. time earned this month must be used by ______. Any comp balances over the 60 day limit will be removed from PEALEAV. As the Manager/Supervisor of this employee I have discussed and agreed to the recorded compensatory hours above as well as this employee's eligibility to accrue comp. time. I also agree that comp. time must be used within 60 days of earning it. Manager/Supervisor Signature: Date: Date: 3/1/18 - previous forms obsolete **Compensatory Time Reporting Form** Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696 NOTE: Compensatory time must be reported by the end of the month for which it is earned and must be used in the next 60 days. COMPENSATORY TIME (MUST BE APPROVED IN ADVANCE): Month of earned time: ____ 1. Date of Comp. Time: ______ Number of Hours: ______ 2. Date of Comp. Time: 3. Date of Comp. Time: ______ Number of Hours: _____ 4. Date of Comp. Time: Number of Hours: OVERTIME HOURS WORKED: X 1.5 = Total Less Compensating Overtime Used _____ Total TO BE ENTERED IN PEALEAV . Any comp balances over the 60 day limit will be removed from PEALEAV. Comp. time earned this month must be used by ____ As the Manager/Supervisor of this employee I have discussed and agreed to the recorded compensatory hours above as well as this employee's eligibility to accrue comp. time. I also agree that comp. time must be used within 60 days of earning it. Manager/Supervisor Signature: Employee Signature: Date: