

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: _____ 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 = _____ Total
_____ Less Compensating Overtime Used
_____ Total TO BE ENTERED IN PEALEAV

Comp. time earned this month must be used by _____ (date). 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: _____

Employee Signature: _____ Date: _____

2/26/19 - previous forms obsolete

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