

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.

Name: _____ Banner ID: _____

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: _____

6/2/21 - previous forms obsolete

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