

ISD #2909 - Rock Ridge Public Schools  
**EMPLOYEE OVERTIME TO BE CONVERTED TO COMP**

EMPLOYEE NAME: \_\_\_\_\_

Turn form in to supervisor for overtime hours to be converted to comp time. This form **MUST** be received by the business office within **2 business days after each payperiod**. If not received within 2 days, all overtime hours will automatically be paid out.

For Month of \_\_\_\_\_ 20\_\_\_\_

HOURS	REASON	HOURS	REASON
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	

\_\_\_\_\_ Total hours for Comp time

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETED BY BUSINESS OFFICE

**FOR OVERTIME TO BE CONVERTED TO COMP**

TOTAL HOURS: \_\_\_\_\_ COMP HOURS EARNED: \_\_\_\_\_

DATE PAYROLL ADJUSTED: \_\_\_\_\_ DATE ENTERED INTO TIMEOFF: \_\_\_\_\_