## Union R-XI School District Request for Comp Time/Over-time Approval Form

Employee:		Position	on	
Requesting (please check one)  *Comp time (Bos *Paid overtime ( **Rescheduled re			Board Policy	•
*Time exceedi	ng 40 hour/week			_
**Time resche	duled from regular	workweek		-
Requested date(s) of comp time Requested date(s) to use comp time				# of hours
Requested dat	e(s) of paid overtin		# of hours	
Requested date(s) of rescheduled regular time Requested date(s) to use rescheduled regular time				# of hours
Reason/Assign				
Employee's Si			Date	
Supervisor's S		(Employee Info	Date	
мрргочец	_ Not Apploveu _	(Employee ime	incu,	
Approved		(Supervisor In		
	verification of com Jisa Delmain	pleted hours for pa		
Supervisor's Signature			Date	
Please return Assistant Supe		pleted comp time/	rescheduled	i regular time to
Supervisor's Signature			Date	