

FAIRFIELD COUNTY EDUCATIONAL SERVICE CENTER

Certified Compensatory Time

Guidelines:

All compensatory time is to be approved at least 48 hours in advance, except in emergency situations. No compensatory time will be granted for work one hour prior to or one hour following the employee's regular scheduled work day, and may not be accrued for less than 2 hours. Compensatory time may only be accrued when an employee must be present at a prescheduled event/meeting that can be handled in no other way, or when the employee works in the office on a scheduled non-work day as per the office calendar. Accumulated compensatory time is limited to 35 hours. Employees will not be paid for unused compensatory time upon separation of employment.

Procedure:

Under "Request to EARN," complete the date of work, estimated hours, and reason for request. Sign, date and submit the form to the superintendent. The superintendent will sign on the "estimated" line and return the form to you. After you have worked the hours, complete the "actual hours" line, have the superintendent sign on the "actual" line and return the form to the assistant treasurer. Please complete a separate form for each date requested.

Under "Request to USE", complete the date of use and total hours. Sign, date and submit the form to the assistant treasurer. After verifying available hours, the assistant treasurer will forward the form to the superintendent for approval. You will only be notified if your request is denied or exceeds your balance. Please list the number of hours for each day used.

Request to EARN Compensatory Time:

Request to USE Compensatory Time:

Date of work \_\_\_\_\_

Date of use \_\_\_\_\_

Total estimated hours \_\_\_\_\_

Total hours to be used \_\_\_\_\_

(submit before hours are worked)

Total actual hours \_\_\_\_\_

(submit after hours are worked)

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature \_\_\_\_\_

Date of Request \_\_\_\_\_

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\_\_\_\_ APPROVED

\_\_\_\_ DENIED

Balance = \_\_\_\_\_ hours

Superintendent Signature \_\_\_\_\_ (estimated)

Superintendent Signature \_\_\_\_\_ (actual)

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_