



KILLEEN INDEPENDENT SCHOOL DISTRICT

EXEMPT COMPENSATORY TIME

Any request for compensatory time should be **pre-approved** by your supervisor prior to doing the work.

Employee Name: _____ Employee ID: _____

Employee Position: _____

Date	Description	Comp. Hours

TOTAL HOURS: _____

Employee Signature

Supervisor Signature

PLEASE SUBMIT THIS FORM TO THE PAYROLL DEPARTMENT FOR PROCESSING AFTER THE COMP TIME HAS BEEN EARNED.