



## 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.