



Arlington Public Schools
 869 MASSACHUSETTS AVENUE
 ARLINGTON, MASSACHUSETTS 02476

Date: _____

COMP TIME FORM

Please fill out as the situation occurs and send to Payroll as soon as possible. **DO NOT HOLD.** Payroll will keep on file. The bi-weekly timesheets for the period in which the Comp Time is used should reflect the number of accrued hours applied in that two-week period. As a matter of policy, Comp Time must be used in the Academic/Fiscal Years in which it has occurred.

Employee Name: _____

Dept/School Code: _____

Date(s) worked	Hours worked	Reason worked
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Comp Hours/Days _____

Pre-approved by
(a verbal request must be made to Superintendent or CFO, by the Supervisor before this can be granted)

Date discussed

Principal/Supervisor Approval

Date

<u>Approved for Payroll</u>	
Superintendent	_____
CFO	_____