

# COMP TIME FORM

ARLINGTON PUBLIC SCHOOLS  
PAYROLL DEPARTMENT  
869 MASSACHUSETTS AVENUE  
ARLINGTON, MASSACHUSETTS 02476

NAME \_\_\_\_\_

SCHOOL/DEPARTMENT \_\_\_\_\_

Dates worked

Hours worked

Reason worked

Dates worked	Hours worked	Reason worked
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Principal/Supervisor \_\_\_\_\_

Pre-approved by \_\_\_\_\_ date discussed \_\_\_\_\_  
(a verbal request must be made to Superintendent or CFO, by the supervisor, before this can be granted)

Please fill out as the situation occurs and send to payroll as soon as possible, **DO NOT HOLD**. Payroll will keep on file. The Biweekly Timesheets for the period in which comp. time is used, should reflect the number of accrued hours applied in that two weeks. As a matter of policy, comp. time must be used in the academic year in which it is earned.

Approved for Payroll  
Superintendent \_\_\_\_\_  
CFO \_\_\_\_\_