# WAKULLA COUNTY SCHOOL BOARD

## COMPENSATORY TIME

Name: _____ Department/School _____

Month/Year: _____

**No compensatory time may be earned or used without prior approval from direct supervisor.**

| Date | Purpose | Extra Approved Work Hours | | | Employee Total Hours Used/Date and Time as Approved | Comp Hour Balance | Supervisor Approval |
|---|---|---|---|---|---|---|---|
| | | Beginning Time | Ending Time | Total Hours Earned | | | |
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