

**Porterville Unified School District
CLASSIFIED EMPLOYEE**

REQUEST FOR COMPENSATORY TIME ACCRUAL IN LIEU OF PAYMENT FOR EXTRA/OVERTIME HOURS WORKED

Submit this form to Human Resources with proper approval within 30 days of comp time worked.

Reporting Month: _____

Social Security #: XXX-XX-_____

Last Name _____ **First Name** _____

Position: _____ **Work Location:** _____ **Hours Per Day (Regular):** _____

Date Worked	Description Of Work Performed	Start Time	End Time	Lunch	Total Hours (Less Lunch)	Employee Signature	Supervisor Signature

PUSD/CSEA Article 6.9: Compensatory Time Earned/Off: **6.9.1** Any time beyond an employee’s normal assignment must be pre-approved in writing by the immediate supervisor. Bargaining unit members may elect to receive compensatory time off (CTO) for overtime hours worked in lieu of cash compensation. Such election shall be accomplished by the completion of a “Compensatory Time Earned” form provided by the District and submitted to the District Office for centralized processing and tracking. **6.9.2** Compensatory time shall be taken at a time mutually acceptable to the employee in the bargaining unit and the District within the fiscal year in which it was earned. If the compensatory time has not been taken within the fiscal year of the date in which it was earned, the District shall pay the employee in cash for all such time at the appropriate rate based on the employee’s rate of pay when such overtime was earned.

Personnel /Payroll Use Only:Comp Time

(Hours beyond 8 in one day will accrue at “time and a half”)
Total additional hours worked:
Total hours at time and a half:

Total Comp Accrued this period: