SONORA UNION HIGH SCHOOL DISTRICT ***COMP TIME REPORT*** CLASSIFED NO PAY TIMESHEET

Month/Year:		Site/Department:
Employee Name:		Signature:
Please complete this report for	a one month period due	RUCTIONS: e no later than the 5 th of the following month. This report is for TIME ONLY.
	DATE	HOURS IN EXCESS
	TOTAL HOURS:	
SUPERVISOR'S SIGNATURE:		DATE:
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·	,	be taken at times approved by the immediate supervisor. If comp the hours will be paid. The employee may elect to roll over no
more than 40 hours into the next fisc	al year by submitting a	request in writing to his/her supervisor at least 30 days before the
end of the employee's assigned worl District Office on a monthly basis.	cyear. All comp time w	ill be logged and turned in to the immediate supervisor and the
*Comp time accrued but not taken or	rolled over will be paid	at the base hourly rate at the end of the fiscal year.
OFFICE USE ONLY		
TOTAL CONTRACT HOURS:		
TOTAL HOURS x 1.5:	x 1.5 =	
TOTAL HOURS NOT x 1.5 =	(Contracted	less than 8 hours)