

Mountain Home Public Schools
Comp-Time/Over-Time Application Form

The appropriate section must be completed and approved by the supervisor in advance - - prior to working over-time for credit and prior to absences.

Name _____ Current Date _____
Building or Department _____ Position _____

Application to Work Hours Above Contract or Work Over-Time
(Over-time means Over 40 Hours per Week)

Regular Work Time (Excluding Lunch) _____ Date of O/T _____
Over-Time needed from _____ to _____ Comp-time (O/T) Credit _____
Previously Accumulated (Unused) Over-time or Comp-Time Credit _____
Total Accumulated (Unused) Over-time or Comp-Time Remaining _____

Application for Comp-Time (Time off work)

Date of Absence Requested _____ Hours Off Requested _____
Total Accumulated Comp-Time Credit Remaining _____

Date Employee's Signature

For Office Use Only

Approved _____ Disapproved

Comments: _____

Date Principal or Supervisor

Approved _____ Disapproved

Comments: _____

Date Superintendent or Asst. Supt.