

River Parishes Community College Compensatory Time Earned Form

Employee Name: _____

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Time							
Hours Earned							
Reason							

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Time							
Hours Earned							
Reason:							

This sheet should be completed promptly within the appropriate payroll time period and attached to the time sheet with the required approval signatures.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____