# ORCUTT UNION SCHOOL DISTRICT

## CERTIFICATED COMPENSATORY TIME SHEET

**FOR THE MONTH OF _____20 _____**

**NAME:_____** **POSITION:_____**

**SIGNATURE:_____** **SITE:_____**

Compensatory time shall be taken at a time mutually acceptable to the employee and the District and utilized prior to the end of the school year in which the compensatory time was earned. If compensatory time is granted after May 1st, then the compensatory time is carried over to the next school year and must be used by the end of that school year.

**SUPERVISOR APPROVAL: _____** **TOTAL HOURS WORKED:_____**

| DATE | PLEASE CIRCLE TIME WORKED | DESCRIPTION | BUDGET | *APP. |
|---|---|---|---|---|
| | Half Day or Full Day | | | |
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***Supervisor's daily pre-approval initials.***