

**CATHOLIC CHARITIES
DIOCESE OF PALM BEACH**

COMP TIME APPROVAL FORM

Compensatory Time (Comp Time) is granted to exempt employees who work an excessive amount of overtime, generally weekends and holidays or other times that have been approved by the supervisor (in excess of 40 hours). This form must be completed and submitted ***BEFORE the time off is actually taken.***

Comp Time should be limited to a maximum of two (2) days to be taken within fifteen (15) working days of accrual. It is preferred that Comp Time be taken in half or full day increments.

Also, a notation must be made on the time sheet for the Comp Time used by placing a "C" in the proper column.

Employee Name _____

Program/Location _____

Overtime hours must be shown as part of your entire work week:

Date(s) Total Hours Reason for the Comp Time that was earned:

M	_____	_____
T	_____	_____
W	_____	_____
Th	_____	_____
F	_____	_____
S	_____	_____
S	_____	_____

Total Hours (minus) – 40 = _____

Date(s) Requested for Use of Comp Time	# of Hours Requested	Time of Day (if 4 hours)	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee Signature _____ Date _____

Supervisor's Approval Signature _____ Date _____

Division Director's Signature _____ Date _____

Division Directors and Program Administrators: Submit form to Human Resources following use of Comp Time.