

Attachment A

Alternate Work Schedule/Compensatory Time Form

Request For: _____ *Change in Lunch Schedule* _____ *Compensatory Time*

Reason for Request:

Date for Request:

If change in lunch schedule, list proposed lunch time:

From _____ a.m./p.m. to _____ a.m./p.m.

If request for comp time, list proposed work time:

From _____ a.m./p.m. to _____ a.m./p.m.

Employee Signature

Date

Supervisor Signature

Date

RECORD OF ACTUAL COMP TIME ACCRUAL

Actual accrual of comp time (for date shown above): _____ a.m./p.m. to _____ a.m./p.m.

COMP TIME USAGE

Date & time comp time is to be used (must also be reflected on monthly timesheet):

Employee Signature

Date

Supervisory Signature

Date