

MISSISSIPPI VALLEY STATE UNIVERSITY COMPENSATORY TIME APPROVAL & ACCRUAL FORM
--

Employee Name: _____ Date: _____
 Department/Unit: _____
 Social Security Number: _____ - _____ - _____

Compensatory time is required for work to be done on the following dates: (Please indicate the project or nature of work to be performed in the spaces provided below.)

Example: To complete journal entries for fiscal year closeout. 6/18 & 19 6-10 p.m. (8 hours)

It is anticipated that _____ hours are needed to complete the work described above.

Actual Compensatory Time Earned on the Project: _____

Please note that managers should not allow an employee to accumulate more than 25 hours of compensatory time at any given time. Compensatory time should be used as soon as possible after it is earned to maintain accurate records and to minimize accumulation.

NOTE: Please be aware that compensatory time off granted in the week it is earned, is granted on an hour for hour basis; however, compensatory time granted after the week it is earned, is granted at a rate of one and one half times the actual compensatory time earned.

The section below is to be used when an employee is requesting to be off from work using compensatory time earned.

Time Off Requested: From: _____ To: _____ (indicate dates)

Number of hours taken: _____ Number of hours remaining: _____

Employee Signature: _____ **Date:** _____

Approvals

Supervisor Signature: _____ **Date:** _____

Area Vice-President Signature: _____ **Date:** _____

 FOR OFFICIAL USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

_____ + _____ - _____ = _____
 Beginning Balance New Hour Earned Hours Taken Ending Balance