

# MOBILE COUNTY COMMISSION COMPENSATORY TIME EARNED AND USED

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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PURPOSE: \_\_\_\_\_

## COMP TIME EARNED

BEGINNING		ENDING		TOTAL HOURS WORKED	TOTAL HOURS EARNED 1.5
DATE	TIME	DATE	TIME		
_____	_____	_____	_____	_____	_____

## COMP TIME USED

BEGINNING		ENDING		TOTAL HOURS USED	BALANCE OF COMP TIME
DATE	TIME	DATE	TIME		
_____	_____	_____	_____	_____	_____

EMPLOYEE SIGNATURE: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
IMMEDIATE SUPERVISOR

APPROVED: \_\_\_\_\_  
DEPARTMENT DIRECTOR

APPROVED: \_\_\_\_\_  
ADMINISTRATOR