

**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