



# Ohio Mid-Eastern Regional Education Service Agency

2230 Sunset Blvd. Suite 2, Steubenville, OH 43952

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## Compensatory Time Form

This form MUST be completed, signed and approved before compensatory time is used

### Employee Information

Employee Name: \_\_\_\_\_  
*Last* *First*

Department: \_\_\_\_\_ Date: \_\_\_\_\_

### Reason for Compensatory time

**\*\*NOTE** – Attach all supporting documentation such as emails, helpdesk ticket numbers, etc.

### Dates and times

Work Date: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Work Time: \_\_\_\_\_ Hours approved: \_\_\_\_\_

### Signatures

Department Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

ITC Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE: Compensatory time accumulated on this form must be used within 6 months of the signature dates.