CSI

HEO Series Compensatory Time Timesheet

☐ **Exempt**   ☐ **Non-Exempt**

Name		Title	
Phone #		Department	
Location		Supervisor	

Week of:											
		Regular Schedule		**Comp Schedule**			**Leave taken**				
		Start	End	Start	End	Hours	Sick	Annual	Comp	Holiday	Total
Day	Date	Time	Time	Time	Time	Worked	Leave	Leave	Leave	Leave	Hours
Sun											
Mon											
Tue											
Wed											
Thu											
Fri											
Sat											
					Total for the Week						

Reason for comp time:

Signatures:

Employee: _____ Date:_____

Supervisor: _____ Date:_____

Department Chair/Director: _____ Date:_____

Dean (if applicable): _____ Date:_____

Vice President (if applicable): _____ Date:_____

For HR Office Use Only   **(this section only applicable to Non-Exempt employees for paid FLSA overtime)**

Non-Exempt Overtime hours   _____

Date Sent to Payroll   _____

Compensatory hours earned   _____   **Compensatory hours balance**   _____

For Payroll Office Use Only   (this section only applicable for paid FLSA overtime)

Payroll Period: _____ to _____   **Pay Date: _____**

Overtime Rate: _____   **Overtime Hours: _____Total: _____**