

COMMENSURATE TIME

EMPLOYEE'S NAME _____

WORK ACTIVITY _____

DATE _____

LOCATION _____

TIME _____ TO _____ HOURS _____

EMPLOYEE'S SIGNATURE AND DATE: _____

SUPERVISOR'S SIGNATURE AND DATE: _____

DATE ENTERED: _____

Date Used: _____ Employee Signature: _____

Total Time Used: _____

Total Time Remaining: _____

Supervisor's Initials _____

Comp time must be approved prior to activity. Form to be submitted for signature within ten days after the above date and to be surrendered upon request for commensurate released time.