DESOTO COUNTY
COMPENSATORY TIME REQUEST
AND AUTHORIZATION FORM

Paid time off in lieu of overtime for non-exempt employees is defined as compensatory time. Requests for compensatory time must be submitted in advance of time worked on this form and must be approved by the Department Director. Approved compensatory time must be used within a reasonable period from the date earned.

_____	_____
EMPLOYEE NAME	EMPLOYEE NUMBER
_____	_____
DEPARTMENT	DATE OF EXECUTION OF THIS FORM
_____	_____
DATE AND TIMES REQUESTED/WORKED (**One form for each period of time worked)**	NUMBER OF HOURS WORKED

Reason for Compensatory time: _____

_____

_____

Was time approval sought in advance? Yes ____ No ____

If No, explain: _____

_____

_____

_____	_____
EMPLOYEE SIGNATURE	SUPERVISOR SIGNATURE

APPROVED/DISAPPROVED:

_____
DEPARTMENT DIRECTOR

BCC FORM P -26a (JAN 06)