

Brady ISD

Request for Comp Time

Employee Name: _____

Date of Comp Time to be Worked: _____

Reason for Comp Time: _____

Estimated Time Needed: _____

Signature of Employee: _____

Date Submitted: _____

Supervisor Signature: _____

Date: _____

Approve _____ Disapprove _____

Comp time is earned whenever a non-exempt employee works more than an 8 hour day or more than 40 hours in a week. Please submit the Comp time work request to your immediate administrator prior to incurring comp time. Comp time may not be incurred prior to approval.