

## Volunteer State Community College Non-Exempt Comp Time Hours Worked Authorization Form

Employee Name \_\_\_\_\_ Banner ID \_\_\_\_\_

Reporting Period \_\_\_\_\_ through \_\_\_\_\_ Department \_\_\_\_\_

Month	Day	Compensatory Hours Worked	Activity and Reason Comp Time was required	For Payroll Use Only
			<b>Total Hours earned to be recorded</b>	

### Certification & Authorization

I certify that the hours above were worked in excess of my daily required working hours and approved by my supervisor prior to work commencing.

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

I certify the hours above were approved by me prior to work commencing and that the additional time beyond the normal work scheduled hours was required to accomplish the designated activity.

Approving Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

President, VP or Designee Signature (if required) \_\_\_\_\_ Date \_\_\_\_\_

**Submit this form to Payroll Services at the end of the reporting period to record Comp Hours Worked.**