

COMPENSATORY TIME EARNED FORM

Name: _____ Hours Earned during September _____ Department: _____

I have earned the following authorized compensatory hours:

Hours	Date	Reason

0.00 Total Hours Earned

Approved: Yes _____ No _____

Authorized by: _____

Title: _____

Date: _____

1. Except employees may receive compensatory time off at the rate of 1 hour for every 1 hour worked in excess of 37.5 hours per week.
2. The Director must pre-authorize any overtime worked. The method of compensation for overtime hours, either payment or granting of compensatory time, shall be at the discretion of the Director.
3. Compensatory time must be used with Department Head approval.
4. Compensatory time must be used within 1 pay periods unless an extension has been granted by the Director.
5. Compensatory time will be accrued at the rate of 1.5 times for official paid holidays worked by non-exempt employees.
6. Upon termination of employment, compensatory time that has been accrued will be paid at the terminated employee's regular hourly rate.

(See Personnel Policy for complete information.)

Compensatory time is to be accumulated in increments of 15 minutes. Drop any time under 15 minutes, any time between 16 and 30 minutes is to be counted as 15 minutes.

10-99 (Rev.)

Sample Comp Time Forms

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Table of Contents Sample Comp Time Forms

1. Understanding the eBook Sample Comp Time Forms
 - The Rise of Digital Reading Sample Comp Time Forms
 - Advantages of eBooks Over Traditional Books
2. Identifying Sample Comp Time Forms
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Sample Comp Time Forms
 - User-Friendly Interface
4. Exploring eBook Recommendations from Sample Comp Time Forms
 - Personalized Recommendations
 - Sample Comp Time Forms User Reviews and Ratings
 - Sample Comp Time Forms and Bestseller Lists
5. Accessing Sample Comp Time Forms Free and Paid eBooks

- Sample Comp Time Forms Public Domain eBooks
- Sample Comp Time Forms eBook Subscription Services
- Sample Comp Time Forms Budget-Friendly Options
- 6. Navigating Sample Comp Time Forms eBook Formats
 - ePub, PDF, MOBI, and More
 - Sample Comp Time Forms Compatibility with Devices
 - Sample Comp Time Forms Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Sample Comp Time Forms
 - Highlighting and Note-Taking Sample Comp Time Forms
 - Interactive Elements Sample Comp Time Forms
- 8. Staying Engaged with Sample Comp Time Forms
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Sample Comp Time Forms
- 9. Balancing eBooks and Physical Books Sample Comp Time Forms
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Sample Comp Time Forms
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Sample Comp Time Forms
 - Setting Reading Goals Sample Comp Time Forms
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Sample Comp Time Forms
 - Fact-Checking eBook Content of Sample Comp Time Forms
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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