

## Weslaco Independent School District Human Resources Department

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Dr. Dino Coronado Superintendent of Schools

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## **COMPENSATORY TIME**

AMPUS/DEPARTMENT:					EMPLOYEE ID:	
					DATE:	
DATE	DAY	IN	OUT	TOTAL TIME	EVENT	ADMINISTRATOR'S APPROVAL
'OTAL HOURS EAR 'OTAL HOURS EAR						
CERTIFY THE.	SE HOURS W	ORKED ARI	E TRUE ANL	O CORRECT.		
mployee Signature				Date		_
dministrator's Signature				Date		_
NOTE: Please a	ttach documei	ntation statin	g approval o	f overtime/comper	esatory time.	