



**Weslaco Independent School District**  
**Human Resources Department**  
319 W. 4<sup>th</sup> St. / P.O. Box 266  
Weslaco, Texas 78596



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Superintendent of Schools

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## COMPENSATORY TIME

CAMPUS/DEPARTMENT: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE	DAY	IN	OUT	TOTAL TIME	EVENT	ADMINISTRATOR'S APPROVAL

TOTAL HOURS EARNED \_\_\_\_\_ x 1.5 \_\_\_\_\_

TOTAL HOURS EARNED \_\_\_\_\_ @ Regular Time \_\_\_\_\_

*I CERTIFY THESE HOURS WORKED ARE TRUE AND CORRECT.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

*NOTE: Please attach documentation stating approval of overtime/compensatory time.*