

# Casper College

## Compensatory Time Report

**PLEASE TURN IN WEEKLY**

Employee Please check one	
<input checked="" type="checkbox"/> Bank	<input type="checkbox"/> Pay

**Employee Name:** (please print) Michelle Higgins **Department:** Human Resources

**Week ending date:** October 25, 2008

### WEEKLY ADDITIONAL TIME REPORT

◆ Fill out entire week's schedule to ensure accurate recording of comp. time or payment of time ◆

DAY	DATE	REGULAR ASSIGNMENT		LUNCH TAKEN (IN MINUTES)	LEAVE TAKEN (IN HOURS)	ADDITIONAL TIME		TOTAL HOURS *ACTUALLY WORKED	SUPV. INITIALS <small>IF OTHER THAN IMMEDIATE SUPERVISOR</small>	**WAS THIS AN UNSCHEDULED EMERGENCY CALL-BACK?		PAYROLL/BENEFITS OFFICE USE	
		IN	OUT			IN	OUT			YES	NO	REGULAR	ADDITIONAL
SUNDAY	10/19	-	-	-	-	-	-	-		YES	NO		
MONDAY	10/20	8:00	5:00	60	-	-	-	8		YES	NO		
TUESDAY	10/21	8:00	5:00	-	8 hrs. Fall Break	-	-	-		YES	NO		
WEDNESDAY	10/22	8:00	5:00	60	-	5:00	6:00	9		YES	NO		
THURSDAY	10/23	8:00	5:00	60	3 hrs. DR.	-	-	5		YES	NO		
FRIDAY	10/24	8:00	5:00	30	-	12:00	12:30	8.5		YES	NO		
SATURDAY	10/25	-	-	-	-	8:00	12:00	4	KF	YES	NO		
WEDNESDAY	10/22					7:30 AM	8:00 AM	.5					

\*Actually worked does not include holidays, sick leave or any other leave taken during the week.

Type of Activity or Event: Work on Payroll  
(Explain type of Activity or Event in which additional time was worked.)

Notes or comments: Saturday 10/25/08, Came in to help Admissions with Registration  
(Use this section to explain any variances from your regularly assigned daily hours.)

**\*\*An Emergency "Call back" is initiated when an authorized representative of the college requests an employee report to work either before or after normal duty hours to perform emergency services.**

Casper College shall compensate classified staff employees at a rate of one-and-a-half for time actually worked in excess of 40 hours per week (from Sunday through Saturday). Compensatory time may be granted in lieu of overtime pay. No more than 24 hours may be accrued; all subsequent overtime will receive monetary payment at one-and-one half pay. \*"Actually worked" does not include holidays, sick leave or any other leave taken during the week. - Procedure 1400:12:10

**Signatures below certify that this report is a true statement of hours worked**

Immediate Supervisor: Sharon Bell

Date Signed \_\_\_\_\_

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

Date Signed \_\_\_\_\_

<b>For Payroll/Benefits use only:</b>		
# hours worked _____ x 1.5 = _____	# hours banked _____	# hours to pay _____
# hours worked _____ x 1.0 = _____	# hours banked _____	# hours to pay _____
Date: _____	Initials _____	Date Payroll Notified: _____