SAN FELIPE DEL RIO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
COMPENSATORY TIME HOURLY BANK

EMPLOYEE _____

SOCIAL SECURITY NUMBER _____

CAMPUS _____

DATE(S)	REASON	OVERTIME HOURS WORKED	HOURS EARNED (time & 1/2 if applicable)	HOURS TAKEN	BALANCE
BALANCE BROUGHT FORWARD					0.00
		0.00	0.00	0.00	0.00

EMPLOYEE

ADMINISTRATOR

DATE

DATE