

Washington County Board of Education
P.O. Box 1359
Chatom, Alabama 36518

Request for Compensation Time

Employee _____

Position _____

Date(s) Requested for
Compensation Time:

Number of Hours
to Be Worked:

Employee's Signature

Date

Action of Superintendent: ___ Approved ___ Denied

Comments: _____

Superintendent's Signature

Date

NOTE: This form must be completed before any compensation time can be worked.