

**SWARTZ CREEK COMMUNITY SCHOOLS  
COMPENSATORY/OVERTIME EARNED**

Name: \_\_\_\_\_ Building: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Time of Activity: \_\_\_\_\_ to \_\_\_\_\_

Reason for Extra Hours: \_\_\_\_\_

Total Hours: \_\_\_\_\_ Please check one: Comp Time   
Overtime

\_\_\_\_\_  
Immediate Supervisor Date

\_\_\_\_\_  
Asst. Supt. Personnel Date

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