



AUSTIN COMMUNITY COLLEGE DISTRICT  
COMPENSATORY TIME TRACKING SHEET

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EMPLOYEE NAME

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SUPERVISOR'S NAME

**TIME REQUESTED FOR COMP TIME**

MONTH	DAY	YEAR	FROM	TO	HOURS EARNED (Over 40)	SUPERVISOR APPROVAL

**RECORD OF COMPENSATORY TIME USED**

MONTH	DAY	YEAR	FROM	TO	BALANCE REMAINING

Review the guidelines at <http://www.austincc.edu/admrule/6.10.012.htm>