Clear Form

The School Board of Miami-Dade County, Florida **Payroll Department**

INSTRUCTIONAL PERSONNEL

REPORT FOR COMPENSATORY TIME *

Employee Name: _____

PERS ID #: _____ PERS ASSN #: _____

DATE	Total Hours Worked	Total Days Worked **(For Full-Time Athletic Personnel ONLY)**	Compensatory Time Used		Balance		Approval	Remarks
			Hours Used	Days Used	Hours	Days		

* **Compensatory time is granted at the ratio of one hour for each hour worked (1:1).**

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