



Runge Independent School District

600 Reiffert ~ P.O. Box 158

Runge, Texas 78151

Phone: (830) 239-4315

Fax (830) 239-4816

Employee Name: _____

Department/Campus: _____

Pay Period: _____

EARNED Comp. Time Authorization Form

Week of:			
Hours over 40:	Amount X 1.00 or 1.50	Reason for Comp. Time:	Comp:

Week of:			
Hours over 40:	Amount X 1.00 or 1.50	Reason for Comp. Time:	Comp:

Week of:			
Hours over 40:	Amount X 1.00 or 1.50	Reason for Comp. Time:	Comp:

Week of:			
Hours over 40:	Amount X 1.00 or 1.50	Reason for Comp. Time:	Comp:

Week of:			
Hours over 40:	Amount X 1.00 or 1.50	Reason for Comp. Time:	Comp:

Total Comp. Time Earned:	
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Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Minutes:	Round to:
:00-:07	.00
:08-:22	.25
:23-:37	.50
:38-:52	.75
:53-:60	1.00