

COMP TIME CONVERSION FORM

1 DAY PER FORM PLEASE

NAME: _____

BUILDING: _____

DATE	MINUTES	BLOCK/PERIOD	STAFF MEMBER COVERED
TOTAL	420		

PROCEDURE:

- 1) Transfer time to be converted from original coverage sheet.
- 2) Calculate totals in 420 minute increments (1 full day). Any time in excess of 420 minutes can be saved for future earned comp time or redeemed as extra duty on separate sheet.
- 3) Please sign where indicated and return to school secretary for principals signature.
- 4) Secretaries please return completed form to the administration office attention Mikelene Teter.

SIGNATURE: _____ SCHOOL SECRETARY INITIALS: _____

PRINCIPAL SIGNATURE: _____

DATE RECEIVED: _____ DATE ENTERED: _____ SUPERINTENDENTS SIGNATURE: _____