

## **COSHOCTON COUNTY EMS REQUEST FOR COMPENSATORY TIME**

TO BE USED BY AN EMPLOYEE TO REQUEST HOURS WORKED TO BE DEFERRED TO THE EMPLOYEE'S COMPENSATORY TIME (COMP TIME) ACCRUAL INSTEAD OF BEING PAID TO THE EMPLOYEE.

(To be completed by the employee at the time the extra shift is worked)

Employee Name \_\_\_\_\_

Date of the extra shift worked \_\_\_\_\_

Number of hours worked on the extra shift \_\_\_\_\_

Number of these hours to be added to your Comp Time accrual \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date Submitted \_\_\_\_\_

When completed, please give to the Supervisor on-duty. If no Supervisor is available, please place in secured run sheet drawer.

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**For administrative use only**

Date received \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Hours added to employee's Comp Time accrual \_\_\_\_\_

Employee's current Comp Time accrual balance \_\_\_\_\_

Comments: \_\_\_\_\_