

**GRAND RAPIDS COMMUNITY COLLEGE
COMP TIME LOG SHEET**

NAME _____

EMPLOYEE ID# _____

DATE APPROVED	DATE ACCRUED	ADDITIONAL HOURS WORKED		Check if Emergency Duty Pay (CEBA only)	REASON	TOTAL ADDL HOURS WORKED		COMP HOURS EARNED
		Start Time	End Time					
							X 1.5	
							X 1.5	
							X 1.5	
							X 1.5	
							X 1.5	
							X 1.5	

TOTAL HOURS TO BE ADDED TO COMP TIME BANK _____

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

PRINT NAME (EMPLOYEE)

PRINT NAME (SUPERVISOR)

Original Comp Time Log Sheets should be turned in with your bi-weekly timesheet.

*** Please make a copy for your own records**