EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

COMPENSATORY TIME SHEET

Employee Name: ______________________________ Date: ______________

Employee Signature: ______________________________

Date: _______ Reason: _______________________________ Hours _________

Date: _______ Reason: _______________________________ Hours _________

Date: _______ Reason: _______________________________ Hours _________

Total Hours (time and a half) __________

Chief Jamison’s Signature and Date

X ______________________________

Return to Jennifer

**Cannot exceed 264 hours at fiscal year-end. Amounts over 264 will be deducted from the employee’s total hours.**

*Leave Hours Available: ______________________________ Date: ______________