

**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) _____

Fire Chief'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:** _____