COMPENSATORY TIME REQUEST FOR INSTRUCTIONAL EMPLOYEES (ICOMP)

EMPLOYEE'S NAME:		MONTH		
LAST 4 SSN:	PAY TYPE:	COST CENTER:		
· · · · · · · · · · · · · · · · · · ·	from overtime) may accrue compe of the LCTA bargaining agreement.	•	t with the plan devel	oped and approved
•	hers must be entered in Time Off Li o use when needed.	imited Access using the c	comp time code ICOM	P so the time will be
All unused ICOMP v	vill lapse at the end of the annual er	mployee contract year oı	upon the resignation	of the employee.
ICOMP can only be	used when staff do not have studer	nts.		
No monetary reimb	ursement shall be awarded for com	p time for teachers at ar	ny time.	
DATE WEEK ENDING (SATURDAY)	REASO	N FOR COMP TIME		NUMBER OF HOURS TO ENTER INTO SKYWARD
Employee's Signature			Date	
Supervisor's Signature			Date	
******	********	*******	******	******
Has the comp time I	listed above been entered into Time	e Off Limited Access?	Yes No	
Entered By (Sign and	d Print Name)			 Date

Comp time for Teachers is not administered by the Benefits, Payroll, or Time & Attendance Departments.