



# Standing Rock Sioux Tribe Form

## BI-WEEKLY RECORD OF COMPENSATORY TIME EARNED

EMPLOYEE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

PAY PERIOD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

WEEK 1		FROM	TO	TOTAL HOURS	REASON FOR COMPENSATORY TIME
DATE					
	SUN				
	MON				
	TUES				
	WED				
	THURS				
	FRI				
	SAT				

WEEK 2		FROM	TO	TOTAL HOURS	REASON FOR COMPENSATORY TIME
DATE					
	SUN				
	MON				
	TUES				
	WED				
	THURS				
	FRI				
	SAT				

TOTAL HOURS \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

CONCURRED: \_\_\_\_\_  
SUPERVISOR