San Bernardino Community College District

Comp Time

Day	Report of Comp Time						Comp Hours
	In	Out	In	Out	In	Out	Worked
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Pay Period _____	Form _____	Total Comp Time _____
	To _____	Hours Accrued _____
Return Original To Payroll Department		

_____ (Print) Employee Name

_____ Signature Employee

XXX-XX- _____ Social Secuirty No. (Last 4)

_____ Chancellor/Campus President

_____ Signature Department Head