PERRY LOCAL SCHOOLS

CLASSIFIED COMPENSATORY MONTHLY REPORT

SCHOOL _____ MONTH:

DUE:

Regular Employees Compensatory Time **EMPLOYEE NAME**	**Reasons for Compensatory Time And Date**	**Total Hours Worked**	**Total Hours Compensatory Time Earned**

Head Cook's Signature _____ Food Service Director's Signature _____

DUE TO JIM HODINKA AT THE END OF EACH MONTH
*Please list each custodian in your building
If zero hours are earned – please indicate "0"