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**

Principal's Signature _____ A.M. Custodian 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"