



San Benito C.I.S.D.
240 N. Crockett Street
San Benito, TX 78586
956-361-6100

MEMORANDUM

Date: _____

To: _____

From: _____
(employee name)

Campus/Department: _____

RE: REQUEST FOR COMP TIME

Amount of comp time requested: _____ minutes/hours for the Week (s) of
(Include Date(s) you worked over regular time) _____.

Reason the comp time was required/by whom:

Date comp time is requested for: _____ (Be Specific)

Employee Signature

Supervisor Signature

Date Approved

Appropriate Asst. Supt.

Date Approved