

ALLEGANY COLLEGE OF MARYLAND  
STRAIGHT TIME - COMPENSATION TIME FORM

1. Name of staff member: \_\_\_\_\_
2. Office/Department: \_\_\_\_\_
3. Reason for additional hours/change of business schedule:
4. Hours to be worked outside regular business hours for staff member: (day, date(s), and times necessary to work).
5. Total number of hours to be worked outside regular business hours: \_\_\_\_\_
6. Total number of hours to be recovered: \* \_\_\_\_\_
7. Specific arrangements (day, date(s), and times) agreed to between supervisor and staff member for recovery of hours worked:

\*\*\*\*\*

\_\_\_\_\_  
Staff Member (signature)

\_\_\_\_\_  
Supervisor (signature)

\*Would be the same as hours in item 5 if straight time reimbursement is used; would be 1 1/2 times the hours in item 5 if compensatory time reimbursement is used.

Copies of Completed Form to:  
Staff Member  
Supervisor  
Personnel Office