

ALTERNATIVE TEACHER COMPENSATORY LEAVE REQUEST (ACOMP)

EMPLOYEE'S NAME: _____ MONTH _____

LAST 4 SSN: _____ PAY TYPE: _____ COST CENTER: _____

Alternative Teacher Compensatory Leave (ACOMP) shall be utilized for the sole purpose of conciliation for **missed planning time** as provided for in Article 7.01 A(3)[b]{1} of the LCTA bargaining agreement.

Alternative comp time for **Teachers** must be entered in Time Off Limited Access using the **comp time code ACOMP** so the time will be available for them to use when needed. **A reason for earning the ACOMP must be indicated on the request form.**

All unused **ACOMP** will NOT expire, will transfer from site to site, and will be limited to 24 hours at any given time.

No monetary payment shall be awarded for **ACOMP** for teachers at any time.

DATE EARNED	REASON FOR COMP TIME	NUMBER OF HOURS TO ENTER INTO SKYWARD

Employee's Signature Date

Principal's Signature Date

Has the comp time listed above been entered into Time Off Limited Access? Yes No

Entered By (Sign and Print Name) Date