|  |
| --- |
| **ALTERNATIVE TEACHER COMPENSATORY LEAVE REQUEST (ACOMP)** |
| EMPLOYEE’S NAME: MONTH PID Number: PAY TYPE: 6 COST CENTER/SITE:  |
| 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 Name – You will email it from your school account to your bookkeeper for documentation. 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

**Time & Attendance/9856 (Revised 10/6/2023)**