

PAXTON-BUCKLEY-LODA COMMUNITY UNIT SCHOOL DISTRICT NO. 10

**APPROVAL FORM FOR COMP TIME USEAGE**

EMPLOYEE NAME:

---

DATES OF COMP TIME TO BE USED:

---

NUMBER OF COMP TIME HOURS  
TO BE USED:

---

APPROVED BY:

---

Principal / Date

***THIS FORM IS TO BE TURNED INTO THE PBL UNIT OFFICE  
AS SOON AS COMP TIME HAS BEEN USED.***