

## COMPENSATORY TIME USEAGE FORM

### Instructions

To access the form, please click this link: [Compensatory Form](#)

### Completing the Compensatory Time Usage Form

1. Enter the date (Clicking on the date field will default to the current date)
2. Enter your name
3. Enter your e-mail address
4. Select your school
5. Enter the total number of minutes you have accumulated during the school year (**Note: All entries must be in 5 minute intervals**)

## COMPENSATORY TIME USAGE FORM

Date

06 - 04 - 2018  
Month Day Year

1.

Name \*

Gene Manning

Please Enter Your Name

2.

E-mail

gmanning@wbasd.k12.pa.us

3.

Select Your School \*

GAR High School ▼

4.

Number of minutes that I have accumulated for compensatory time during the current school year.

420

All minutes must be entered in five minute increments.

5.

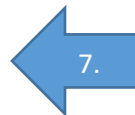
6. If you wish to convert a portion of your accumulated minutes to a sick day, enter the amount to be converted. **(Note: This must be in 210 minute increments – 210 Minutes = ½ sick day, 420 Minutes – 1 sick day)** If you do not wish to convert any of your minutes at this time, enter a 0 in the field.
7. The form will automatically calculate the remaining fields showing the remaining minutes not converted to sick days, the total number of sick days converted, and the total number of minutes carried over to the next school year.
8. Press the submit button to send the form for building principal approval.

I WISH TO CONVERT ALL, OR A PORTION (1/2 DAY INCREMENTS ONLY) OF MY ACCUMULATED TIME IN EXCHANGE FOR AN ADDITIONAL SICK DAY TO BE ADDED TO MY TOTAL NUMBER OF DAYS AT THE BEGINNING OF THE NEXT SCHOOL YEAR. ENTER 0 IF YOU DO NOT WISH TO CONVERT ANY MINUTES.

(NOTE: 420 minutes - 1 day, 210 minutes = 1/2 day)



I WISH TO CARRY ALL, OR THE REMAINDER OF MY ACCUMULATED TIME OVER TO THE FOLLOWING SCHOOL YEAR.

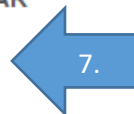


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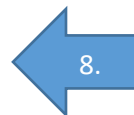
TOTAL DAYS CONVERTED TO SICK TIME



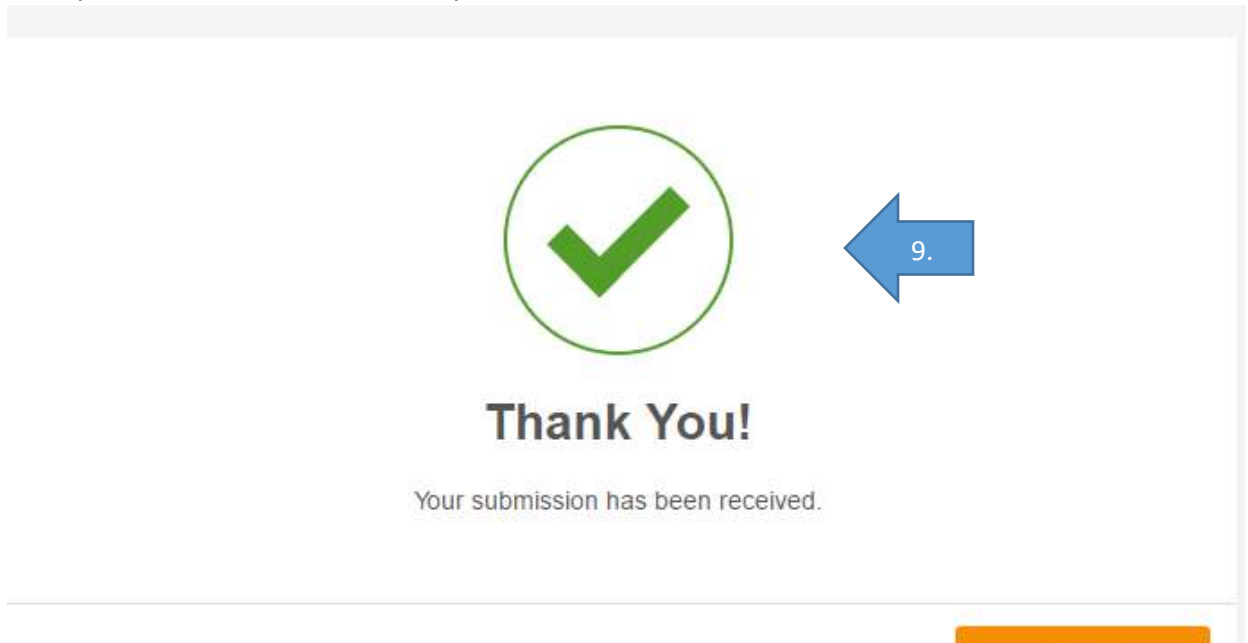
TOTAL MINUTES CARRIED TO NEXT SCHOOL YEAR



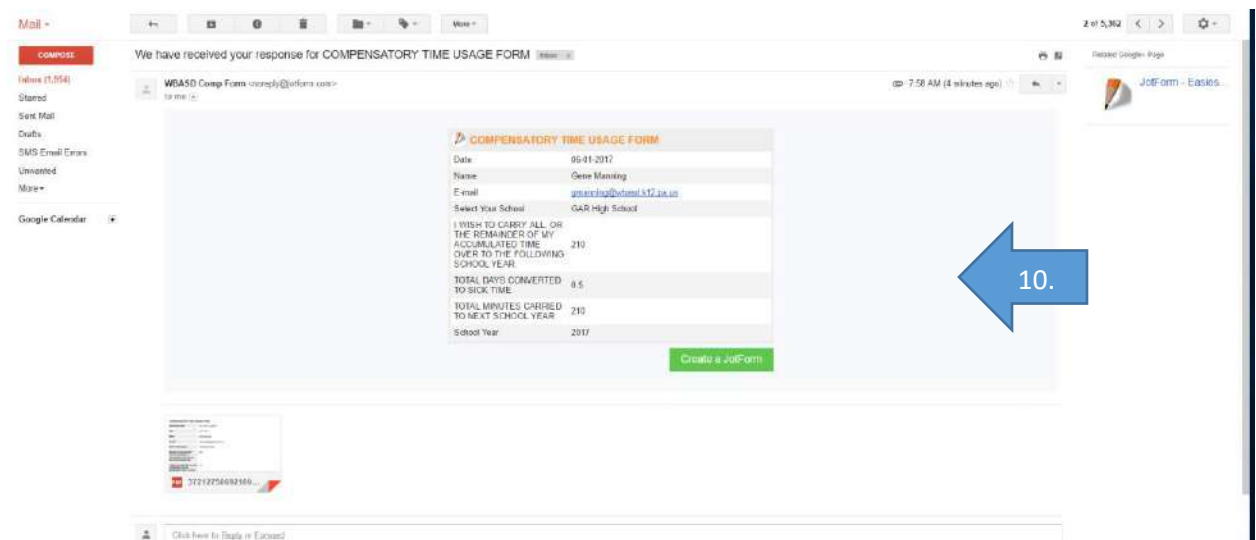
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9. Once your form has been submitted, you will receive a Thank You on the form screen.



10. You will then receive an email, confirming your form submission (Note: Please be sure to check junk mail if you do not receive a confirmation in your Inbox.) There is a pdf attachment documenting submission as well.



11. Once the building principal has approved or denied your request, a second email will be sent showing their decision.

Mail ▾

COMPOSE

Inbox (1,953)

Starred

Sent Mail

Drafts

SMS Email Errors

Unwanted

More ▾

Google Calendar

We have received your response for COMPENSATORY TIME USAGE FORM

WBASD Comp Form <noreply@jotform.com>  
to me

**COMPENSATORY TIME USAGE FORM**

Date	06-01-2017
Name	Gene Manning
E-mail	<a href="mailto:gmanning@wbasd.k12.pa.us">gmanning@wbasd.k12.pa.us</a>
Select Your School	GAR High School
I WISH TO CARRY ALL, OR THE REMAINDER OF MY ACCUMULATED TIME OVER TO THE FOLLOWING SCHOOL YEAR	210
TOTAL DAYS CONVERTED TO SICK TIME	0.5
TOTAL MINUTES CARRIED TO NEXT SCHOOL YEAR	210
School Year	2017
Building Principal Approval/Denial	Approve

Create a JotForm

11.

COMPENSATORY TIME USAGE FORM  
Name: Gene Manning  
Email: gmanning@wbasd.k12.pa.us  
School: GAR High School  
I wish to carry all, or the remainder of my accumulated time over to the following school year: 210  
Total days converted to sick time: 0.5  
Total minutes carried to next school year: 210  
School year: 2017  
Building Principal Approval/Denial: Approve

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