



26550 John R · Madison Heights · MI ·  
48071 (248) 399-7800 FAX (248) 399-2229

### Compensation Day Authorization Form

Today's Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Building and Department: \_\_\_\_\_

Reason for Comp Day: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Original Day worked: \_\_\_\_\_

*I certify that the above information is correct,*

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Administrator Signature

Form must be submitted to the payroll office within 10 business days from the original date that event occurred. The date the comp day is to be used must occur in the same school year as earned and will not carry over into future years. Administration must approve when the comp day is to be used and the employee must enter it into the AESOP system referencing the Original Date that the event occurred.

- Original to be filed in employee file.