

Name \_\_\_\_\_ REQUEST FOR COMPENSATORY TIME

DATE REQUESTED FOR COMPENSATORY TIME \_\_\_\_\_

I request approval for a total of \_\_\_\_\_ hour(s) of compensatory time.

My justification for earning compensatory time is due to the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Employee \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

Date: \_\_\_\_\_

THIS FORM MUST BE APPROVED BY SUPERVISOR PRIOR TO SUBMITTING TO ACCOUNTING DEPARTMENT.

PLEASE REPRODUCE A COPY FOR YOUR RECORDS.