

REQUEST FOR COMPENSATORY TIME

NOTE: You must have compensatory time accrued before you can
Be approved to use it.

NAME _____

POSITION _____

CAMPUS _____

.....
Please choose **ONE** of the following:

1. Number of Compensatory Hour(s) Requested _____

2. Number of Compensatory Day(s) Requested _____

.....
Date(s) of Compensatory Hour(s)/Day(s)

.....
Employee Signature _____

Date _____

Approved-Supervisor _____

Date _____

******PLEASE SEND ORIGINAL TO THE BUSINESS OFFICE******