

REQUEST FOR COMPENSATORY TIME

PLEASE SUBMIT DURING THE PAYROLL PERIOD WORKED.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DEPARTMENT NAME \_\_\_\_\_

PAY PERIOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ THROUGH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

All compensatory time must have PRIOR approval of the immediate supervisor and the appropriate department head.

PLEASE SUBMIT DURING THE PAYROLL PERIOD WORKED.

DATE WORKED	ACTUAL OVERTIME PERIOD WORKED		TOTAL TIME WORKED	
	BEGINNING TIME	ENDING TIME	HOUR(S)	MINUTE(S)
EX. 06/01/2003	04:30 PM	06:00 PM	1	30

EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_

IMMEDIATE SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT HEAD \_\_\_\_\_ DATE \_\_\_\_\_