

Exempt Employee Compensatory Time Request Form

Requester Information

Employee ID :	Date Submitted :
Employee Name :	Supervisor Name :
Employee Email :	Supervisor Email :
Employee Phone :	Supervisor Phone :
Job Title :	Department :

Classification : Administrative and Professional Classified

Scope of Request

		Number of hours requested?
Yes	No	Prior compensatory time granted?
		If applicable, what is your current compensatory time balance?

Identify the reasons in support of your compensatory time request.

Immediate Supervisor Authorization

Approved Comments :
Denied

Immediate Supervisor Signature

Date

Appropriate VP | Division Executive Authorization

Approved Comments :
Denied

VP | Division Executive Signature

VP | Division Executive Printed Name

Date

Chief Human Resources Officer Authorization

Approved Comments :
Denied

CHRO Signature

CHRO Printed Name

Date