COMPENSATORY TIME REQUEST

EMPLOYEE'S NAME: _____ MONTH: _____

LAST 4 SSN: _____ PAY TYPE: _____ COST CENTER: _____

Non-exempt employees who work more than their required number of hours but less than forty (40) hours during a given work week may receive an award of compensatory (comp)time at the straight time (X 1) rate. Non-exempt employees who work more than forty (40) hours during a given work week may receive an award of compensatory time at time and a half (X 1.5) for all hours worked in excess of forty (40).

According to our policy, forty (40) hours is the maximum amount an employee can have on the books at any given time.

DATE WEEK ENDING (SATURDAY)	REASON FOR COMP TIME	ACTUAL HOURS WORKED BEYOND REGULAR WEEKLY HOURS	CHECK THE BOX THAT APPLIES	NUMBER OF HOURS TO ENTER INTO SKYWARD
_____	_____	_____	☐ X 1 ☐ X 1.5	_____
_____	_____	_____	☐ X 1 ☐ X 1.5	_____
_____	_____	_____	☐ X 1 ☐ X 1.5	_____
_____	_____	_____	☐ X 1 ☐ X 1.5	_____
_____	_____	_____	☐ X 1 ☐ X 1.5	_____

***Timesheets and/or supporting documentation need to be attached and submitted with this request ***

Employees cannot receive an award of comp time and payment of overtime for the same period of time

Has an overtime payment for this period of time been requested? ☐ Yes ☐ No

If yes, Leave Accounting CANNOT process this request.

_____ _____

Employees Signature Date

_____ _____

Supervisors Signature Date