**Comp Time Request Form**

*For employees requesting to use compensatory time earned*

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | **Employee ID:** |  |
| **Department:** |  | **Job Title:** |  |
| **Supervisor Name:** |  | **Date of Request:** |  |

**Compensatory Time Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Comp Time Hours Available:** |  | **Comp Time Hours Requested:** |  |
| **Remaining Balance After Use:** |  |  |  |
| **Date(s) Requested for Comp Time Off:** |  | | |
|  | | |

**Reason for Comp Time Request**

(Brief explanation)

|  |
| --- |
|  |
|  |

**Employee Acknowledgment**

I certify that the information provided above is accurate and that I have sufficient compensatory time accrued to cover the requested time off.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Review & Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| **Comp Time Balance Verified:** | ☐ Yes ☐ No | **Request Approved:** | ☐ Yes ☐ No |
| **If denied, reason:** |  | | |
|  | | |

**Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR / Payroll Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Comp Time Hours Deducted:** |  | **Updated Balance:** |  |
| **Processed By:** |  | **Date:** |  |