

Compensatory Time Off Request Form

Use this form to request time off in lieu of receiving overtime pay. Please fill out the requested details, print the form, sign it, and submit it to your supervisor for approval.

Employee Information

Employee Name: Employee ID:
Department: Supervisor Name:
Date of Request:

Compensatory Time Earned Details

Provide details of the overtime hours worked that earned the compensatory time.

Date Overtime Worked	Hours Worked	Description of Work/Project
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text"/>

Compensatory Time Off Requested

Provide details of the dates and hours you wish to use as compensatory time off.

Requested Date Off	Compensatory Hours to Use
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Total Requested Hours:	<input type="text"/>

Employee Sign-Off

I certify that the compensatory time requested above was earned in accordance with company policy and has not been previously used.

Employee Signature: Date:

Approvals (Internal Use Only)

Supervisor Signature: Date:

HR/Payroll Signature: Date: