

SCL Technical College
Campus

REQUEST FOR PERMISSION TO EARN COMPENSATORY HOURS

Employee's Name Printed

| Date(s) | No. of Hours Requested | Purpose of Compensatory Hours |
|---------|------------------------|-------------------------------|
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Employee's Signature _____ Date _____

APPROVED: _____ Date _____
Signature of Supervisor

APPROVED: _____ Date _____
Signature of Regional Director/
Appointing Authority

Prior approval is required to earn compensatory hours.

This form must be included with the corresponding pay period in which the compensatory hours were earned.