COMPENSATORY TIME AUTHORIZATION

FROM:	**UNIT:**
TO:	**DATE:**

PLEASE CHECK: _____ COMPTIME _____ COMPTIME (TRAVEL)

NAME OF EMPLOYEE	DATE	PREAUTHORIZED No. of Comp Time Hours Requested	ACTUAL No. of Comp Time Hours Worked

REASON FOR COMPTIME:

REQUESTED BY:	**DATE:**
_____APPROVED _____DISAPPROVED	**_____ SIGNATURE/TITLE**