

University of Connecticut Professional Employees Request for Approval of Compensatory Time Accrual

Employee Name _____

Department Name _____

Date of Request _____

Option 1: This employee is authorized to accrue compensatory time for the following:

<u>Date(s)</u>	<u>Reason(s)</u>	<u>Number of hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional sheets may be attached if more space is needed.

Option 2: This employee is given blanket pre-approval for the accrual of compensatory time for the following situations, up to a limit of _____ hours.

Additional sheets may be attached if more space is needed.

Employee Signature _____

Date _____

Approval of Request for Compensatory Time Accrual

Denial of Request for Compensatory Time Accrual

Immediate Supervisor Signature _____

Date _____

First Supervisor outside UCPEA Signature (if not the same person)

Date _____