

**APPROVAL FOR COMPENSATION TIME ACCRUAL/USAGE
BY AN EXEMPT EMPLOYEE**

Name _____ R# _____

Department _____

For the calendar week: Sunday, _____
(date)

through Saturday, _____ inclusive.
(date)

_____ I worked _____ hours in excess of 48 during the above seven-day period and
request compensatory time.

_____ I utilized _____ hours of compensatory time during the above seven-day period

I acknowledge that the time reported on this form is true and correct.

Title of Employee

Signature of Employee

I certify that the hours reported on this form are true and correct to the best of my knowledge
and that the information concerning work time and absence is in accordance with University
policy.

Approved: _____
Printed Name of Employee's Supervisor / R#

Signature of Employee's Supervisor

(TO BE MAINTAINED BY EMPLOYING DEPARTMENT)