

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

Department Name _____

Date of Request _____

Employee Name _____

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

<u>Date(s)</u>	<u>Reason(s)</u>	<u>Numbers of Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Employee Signature/Date _____

Immediate Supervisor Signature/Date _____

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