

COMPENSATORY TIME REQUEST FORM
Louisiana Tech University

TO: _____ Approved _____ Date
 Dean/Budget Unit Head

_____ Disapproved _____ Date

THRU: _____ Approved _____ Date
 Supervisor

_____ Disapproved _____ Date

FROM:

DATE:

SUBJECT: Request for approval to earn/take compensatory time

I request permission to earn (E) / take (T) compensatory time as outlines below:

DATE	ACTIVITY	ESTIMATED TIME	APPROXIMATE NUMBER OF HOURS REQUESTED	
			(E)	(T)

If applicable, provide reason request was not made prior to earning compensatory leave: