

# 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 \_\_\_\_\_