COMPENSATORY TIME REQUEST

For Classified Employees

From: Program Ma	anager						
Requesting to exte	end work year/day	for:					
Employee ID#	Name				Class	ification	
Location		Reg. Hrs. Per Day		Reg. Hrs Per Week			
Work year:	□ 9.5 mo	□ 10 mo		11 mo		12 mo	
PLEASE INDICATE							
All Comp Time EARN				·			
Num. of Work Days	<u> </u>	m. of Work Hrs:				•	
Start Date:	En	d Date:					
Reason:							
Cost Center Fundi	na·						
OGST OCHTOL I UITUI	<u>g.</u>	Catego	orical Ve	erified Bv:			
Fund Departme	ent Program A	ccount					
Program Manager S	Signature				[Date	
Employee's Signatu	ıre					Date	
Assistant Superinte	ndent, Human Resc	urce Division			[Date	
	☐ Denied						

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