J.F. INGRAM STATE TECHNICAL COLLEGE
Faculty Compensatory Time Request (D) Straight time

(MUST BE APPROVED IN ADVANCE)

NAME:_____ **DATE(s):**_____
 Please type or print

   I, _____, request approval to work on _____,

to complete _____, as assigned

by my supervisor. It is anticipated that the total hours worked will be no more than _____.

Employee Signature: _____ **Date Submitted**: _____

Recommended Approval by Supervisor: _____

Recommended Approval by Dean/Director: _____

_____ / _____
Approved/Disapproved: _____ **PRESIDENT**

     DATE: _____

Verification and Approval to Receive Compensatory Time (Straight time)

I, _____, certify that I worked on _____ (date(s)), for a total

of _____ hours. _____hours * 1.0 = _____(Attach documentation)

Employee Signature: _____ **Date Submitted:** _____

Recommended Approval by Supervisor: _____

Recommended Approval by Dean/Director: _____

_____ / _____
Approved/Disapproved: _____ **PRESIDENT**

     DATE: _____