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

(MI	 JST BE APPROVEJ	D IN ADVANCE)	
		DATE(s):_	
Please type	or print		
	, requ	est approval to work on	,
			, as assigned
t is anticipat	ted that the total hou	ars worked will be no more	e than
'e:	Date Submitted:		
proval by S	upervisor:		
proval by D	Dean/Director:		
oved:			PRESIDENT
E:			
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		-	
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