

J.F. INGRAM STATE TECHNICAL COLLEGE
Support Staff Compensatory Time Request (E) Time & one-half

(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 (Time & one-half)

I, _____, certify that I worked on _____ (date(s)), for a total
of _____ hours. _____ hours * 1.5 = _____ (Attach documentation)

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

Recommended Approval by Supervisor: _____

Recommended Approval by Dean/Director: _____

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

DATE: _____