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

(MUST BE APPROVED IN ADVANCE)	
NAME:	DATE(s	s):
Please	type or print	
I,	, request approval to wo	ork on
to complete		, as assigned
by my supervisor. It is antic	ipated that the total hours worked will be no	o more than
Employee Signature:	Date Su	bmitted:
Recommended Approval b	y Supervisor:	
	y Dean/Director:	
,		
/_Approved/Disapproved:		PRESIDENT
Approved/Disapproved: DATE:		
Approved/Disapproved: DATE: Verification and Appr	oval to Receive Compensatory Tim	ne (Time & one-half)
Approved/Disapproved: DATE: Verification and Appr I,	coval to Receive Compensatory Time	ne (Time & one-half)
Approved/Disapproved: DATE: Verification and Appr I,	roval to Receive Compensatory Time, certify that I worked onhours * 1.5 =(Attach documents)	ne (Time & one-half) (date(s)), for a total
Approved/Disapproved: DATE: Verification and Appr I, of hours Employee Signature:	coval to Receive Compensatory Time, certify that I worked on hours * 1.5 =(Attach docs	ne (Time & one-half) (date(s)), for a total umentation) bmitted:
Approved/Disapproved: DATE: Verification and Appr I,	coval to Receive Compensatory Time	ne (Time & one-half) (date(s)), for a total umentation) bmitted:
Approved/Disapproved: DATE: Verification and Appr I,	coval to Receive Compensatory Time, certify that I worked on hours * 1.5 =(Attach docs	ne (Time & one-half) (date(s)), for a total umentation) bmitted:
Approved/Disapproved: DATE: Verification and Appr I,		ne (Time & one-half) (date(s)), for a total umentation) bmitted:
Approved/Disapproved: DATE: Verification and Appr I,		ne (Time & one-half) (date(s)), for a total umentation) bmitted: PRESIDENT