

NORTHWESTERN STATE UNIVERSITY
Unclassified Employee Request for Approval for Compensatory Time
(Annual Leave Earning Unclassified Employee)

FROM: _____
Employee (Print/Type Name)

Social Security Number

REQUEST COMPENSATORY TIME					
TRAVEL STATUS Yes = Y No = N	Dates	TIME EARNED		NUMBER OF HOURS	PROJECT, FUNCTION, DUTIES
		FROM	TO		

CERTIFICATIONS, ACKNOWLEDGMENTS & APPROVALS

- Compensatory time must have prior written approval in order to be credited to an employee
- Employee agrees to comply with University of Louisiana Board of Supervisors Compensatory Time Policy.
- Compensatory time cannot be used to effect a flexible work schedule.
- Compensatory time cannot be earned for work at home.
- This document must be approved and submitted with employee's "Daily Attendance and Leave Report" in order to have Compensatory time credited to the employee.
- Only prior approved earned compensatory time will be reported by the employee on the "Daily Attendance and Leave Report". If the approval for compensatory time is for a project which extends over more than one bi-weekly timekeeping period, a copy of the approved Request for Approval for compensatory time" form must be submitted with each "Daily Attendance and Leave Report" for which compensatory time is reported in order for the employee to be credited with the time.
- Compensatory time is requested and recorded in "half hour" increments. Within half hour increments, time earned less than fifteen minutes is rounded down and time earned fifteen minutes or more is rounded up.

EMPLOYEE'S CERTIFICATION	
Employee certifies he/she agrees with all of the above conditions, and any other directives, policies and procedures promulgated concerning compensatory time.	
_____ Signature	_____ Date

SUPERVISOR'S CERTIFICATION	
Supervisor is certifying that the employee is not using Compensatory Time to establish a flexible work schedule and that the work performed could not be performed during the employee's regular assigned work schedule and that the employee's work schedule is designed to avoid compensatory time when possible.	
[] Approved [] Not Approved	_____ Signature
	_____ Date

BUDGET UNIT HEAD'S APPROVAL	
I have reviewed the conditions of this request and agree with the certification above.	
[] Approved [] Not Approved	_____ Signature
	_____ Date

BUDGET UNIT HEAD'S/APPROVING AGENT'S APPROVAL	
I have reviewed the conditions of this request and agree with the certification above.	
[] Approved [] Not Approved	_____ Signature
	_____ Date

VICE PRESIDENT'S OR PRESIDENT'S APPROVAL	
I have reviewed the conditions of this request and agree with the certification above.	
[] Approved [] Not Approved	_____ Signature
	_____ Date

ROUTING AND APPROVAL	
I have reviewed the conditions of this request and agree with the certification above.	
[] Approved [] Not Approved	_____ Signature
	_____ Date

ROUTING AND APPROVAL
Employee to Supervisor to Budget Unit Head to Budget Unit Head/Approving Agent to Vice President to Employee.