



UWG Compensatory Time Earned

NAME _____								Emp ID _____	
Pay Period End Date _____									
DATE	<u>SAT</u>	<u>SUN</u>	<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THU</u>	<u>FRI</u>	Hours Worked	
OVT									
AST									
DATE	<u>SAT</u>	<u>SUN</u>	<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THU</u>	<u>FRI</u>	Hours Worked	
OVT									
AST									
OVT = Hours X 1.5					AST = Hours X 1				
Comments:									
Employee Signature _____								Date: _____	
Supervisor Approval _____								Date: _____	

Compensatory Time Leave Request

NAME _____								Emp ID _____	
Pay Period End Date _____									
DATE	<u>SAT</u>	<u>SUN</u>	<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THU</u>	<u>FRI</u>	Leave Taken	
CPT									
DATE	<u>SAT</u>	<u>SUN</u>	<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THU</u>	<u>FRI</u>	Leave Taken	
CPT									
Employee Signature _____								Date: _____	
Supervisor Approval _____								Date: _____	