REQUEST FOR PERMISSION TO USE
CLASSIFIED COMPENSATORY TIME EARNED

Classified Payroll
District Business Office
33 Gough Street
San Francisco, Ca. 94103
Phone: (415) 239-3023

Date: __________________________

Name of Employee: ________________________________________________________

Classification: ______________________________________________________________

Department: _______________________________ Phone Number _________________

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<tr>
<th>Date</th>
<th>No. of Hours</th>
<th>Compensatory Time to Be Taken</th>
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Compensatory Time used must be at a minimum of one hour per day and in increments of no less than one-half hour after the first hour.

Requested: ________________________________________________________________

Employee’s Signature ___________________________ Date of Signing ____________

Approved: ________________________________________________________________

Budget Manager ___________________________ Date ____________________________

Note: This form must be forwarded to the District Business Office, Classified Payroll Section, 33 Gough Street, as soon as completed, but no later than one day before the compensatory time is used.

Recorded: ________________________________________________________________

Time Keeper ___________________________ Date _____________________________