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| **Compensatory Leave Request Form** | | | |
| **Date \*：** | | | |
| **Requester\*** |  | **Department \*** |  |
| **Compensatory Leave Start Date \*** |  | | |
| **Compensatory Leave End Date \*** |  | | |
| **Compensatory Leave Hours \*** | **Hours** | **Is this a substitute application\*** |  |
| **Remarks** |  | | |