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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** |  |