

**NORTHWEST ARKANSAS COMMUNITY COLLEGE
REQUEST FOR EARNED/TAKEN COMPENSATORY TIME**

Employee Name				Employee ID		
Department: Learner Development Employee Grade:						
Employee Position Title:						
Date of Request: Employee Signature:						
Reason for Overtime/Comp Time:						
Supervisor Approval:						
Cabinet Member Approval:						
Time Earned or Taken (please circle one)						
Date Comp Earned/ Taken	Time Earned	FLSA Multiplier X 1.5 or 1.0	Total Time	Time Taken	Time Paid	Balance
Date Paid by Payroll:				Payroll Signature:		
<i>* Compensatory time shall be used first in lieu of sick leave and/ or annual leave until the balance is depleted.</i>						