

**OKOLONA FIRE DEPARTMENT
COMPENSATORY TIME REQUEST FORM**

I, _____ request to use _____ hours of

Type of Leave: _____ Platoon: _____

Starting Date (mm/dd/yy): _____ Starting Time (99:99): _____

Ending Date (mm/dd/yy): _____ Ending Time (99:99): _____

I have checked and verified that I have sufficient time accrued to cover this absence and it does not conflict with other scheduled leave.

Signature of Employee

Date (mm/dd/yy)

Scheduling Officer's Recommendation

I have checked for scheduling conflicts and that this person has sufficient time accrued for this leave.

I recommend: Approval: _____ Disapproval: _____

Signature of Scheduling Officer

Date (mm/dd/yy)

Chief's Approval

This request is: Approved: _____ Disapproved: _____

Signature of Chief

Date (mm/dd/yy)

Office Use Only

		Current Balance	New Balance
_____ Date Entered in Computer	Vacation:	_____	_____
	Holiday:	_____	_____
_____ Entered By:	Compensatory:	_____	_____
	Emergency:	_____	_____

File Original

Copy to Employee

Copy to Scheduling Officer