

**CITY OF PROVIDENCE  
DEPARTMENT OF PERSONNEL  
REQUEST FOR COMPENSATORY TIME**

Compensatory time must be requested at the time that hours are worked. Retroactive requests will not be accepted.

The following employee has worked and is entitled to compensatory time for dates shown below:

<b>TODAY'S DATE:</b>				
<b>NAME :</b>				
<b>EMPLOYEE #:</b>				
Dates worked	Time worked		Compensator y Time earned	Reason for compensatory time
	From	To		

I, \_\_\_\_\_ am requesting compensatory time in lieu of payment for time worked on the above date(s) and time (s). I understand that before this time can be discharged, I must submit my request in writing and have the written approval of the Department Director.

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Department Director**

\_\_\_\_\_  
**Date**