University of Connecticut Professional Employees Request for Approval of Compensatory Time Accrual

Employee Name:	Date of Request:
Department Name:	
1. This employee requests authorization to accrue c	compensatory time for the following:
Date Reason(s)	Number of Hours
Additional Sheets may be attached if more space is	needed.
Employee Signature:	
I recommend that this request be:	
APPROVED	
APPROVED with modifications	
DENIED	
Immediate Supervisor	Print Name

I certify the following:

That I have reviewed this request to work and accrue compensatory time and that it is for work that is "Extraordinary," defined as "Going beyond what is usual, regular, common or customary; not following the general norm; or, exceptional to a very marked extent." Time is not considered "Extraordinary" if the employee has not <u>worked</u> forty (40) hours or more in a week, i.e. the employee has recorded non-work time for vacation, sick or personal leave in that week.

That the work required is <u>not</u> for the completion of tasks that should be done during the employee's regular work hours, or for hours that the employee is choosing or volunteering to put in for their own convenience or for non-work activities such as travel or for time sleeping.

That if this request for compensatory time is being awarded after it has been earned because of an emergency or urgent situation a written record of the event with an explanation of why prior approval was not received has been made.

That the employee w	vas unable to	flex their hour	s during the pa	ay period in	which extrao	rdinary
work hours were req	juired.					

This request to work and accrue compensatory time is APPROVED. This request to work and accrue compensatory time is APPROVED as Modified.

This request to work and accrue compensatory time is DENIED.

First Supervisor outside	Print Name
UCPEA	

Managers are to retain a copy of this completed form for not less than one (1) year for audit purposes.

Questions may be referred to senior managers who may consult with the Office of Faculty and Staff Labor Relations at $\underline{laborrelations@uconn.edu}$.

2021 06-08 Final New Comp Time Accrual Form