



Central Louisiana Technical Community College

Compensatory Request Approval Form for Unclassified and Classified Employees

Lola Number: _____

Department: _____

Employee Name: _____
(Please Print)

(Please Print)

REQUEST TO EARN COMPENSATORY LEAVE				ACTUAL COMPENSATORY LEAVE HOURS WORKED			
DATES REQUESTED	COMP	HOURS REQUESTED	EXTRAORDINARY CIRCUMSTANCE EXPLANATION (COMP)	DATES WORKED	HOURS WORKED FROM TO		TOTAL HOURS
	DEL Comp						
	DEL Comp						
	DEL Comp						
	DEL Comp						
	DEL Comp						
	DEL Comp						
	DEL Comp						
	DEL Comp						
	DEL Comp						
				TOTAL COMP HOURS:			

The above named employee has been approved to earn compensatory leave for the days and times listed above.

Supervisor _____ Date _____

Dean _____ Date _____

Vice Chancellor _____ Date _____

Chancellor _____ Date _____

I certify that I have worked the dates and times listed above.

Employee _____ Date _____

I hereby certify that the above listed employee has earned compensatory leave in accordance with CLTCC Policy.

Supervisor _____ Date _____

Dean _____ Date _____

Instructions for completing the Compensatory Time Form

Lola Number: Enter your Lola Number (Do NOT enter a social security number)

Department: Enter department title: (Ex: Nursing, Workforce, Student Services, Welding, Electrical, etc.)

Form is used for reporting compensatory time only. A regular leave form must be completed when using annual or sick

The left side of the form (Request to Earn Compensatory Leave) must be completed and approved BEFORE an employee works.

Information to enter on the LEFT side of the form:

Indicate the dates planned to work, total hours planned to work each date, and an Extraordinary Circumstance Explanation of the task(s) to be accomplished during those hours.

The right side of the form (Actual Compensatory Leave Hours) cannot be completed until AFTER the hours are worked. Entries must be made on the original, approved, hard-copy of the form.

Information to enter on the RIGHT side of the form:

unclassified employee for extraordinary circumstances.

Enter the date hours were actually worked.

ACTUAL COMPENSATORY LEAVE HOURS should only be the hours worked beyond the normal schedule (example: if an employee's regular schedule is 8am-5pm and they work 8am-8pm one day, the only hours to enter on the right side of the form would be 5:00pm to 8:00pm since those are the actual comp hours worked).

Hours should be entered in standard time format (Example: 5:00pm - 7:00pm). Please do not use "military time" or any other time format.

Total hours: Enter the total hours of overtime worked for that day

Total Comp Hours: Enter "grand total" hours recorded in the "Total Hours" column

Employee, Supervisor, Dean, Vice Chancellor, and Chancellor must sign and date the form.

Forward the fully approved form to Human Resources/Payroll for processing by noon on the Wednesday after the pay period end date. Comp time forms received after that deadline will not be processed until the following on-cycle payroll processing period.

leave.