

**APPROVAL FOR COMPENSATION TIME ACCRUAL/USAGE  
BY AN EXEMPT EMPLOYEE**

Name \_\_\_\_\_ R# \_\_\_\_\_

Department \_\_\_\_\_

For the calendar week: Sunday, \_\_\_\_\_  
(date)

through Saturday, \_\_\_\_\_ inclusive.  
(date)

\_\_\_\_ I worked \_\_\_\_ hours in excess of 48 during the above seven-day period and  
request compensatory time.

\_\_\_\_ I utilized \_\_\_\_ hours of compensatory time during the above seven-day period

I acknowledge that the time reported on this form is true and correct.

\_\_\_\_\_  
Title of Employee

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

I certify that the hours reported on this form are true and correct to the best of my knowledge and that the information concerning work time and absence is in accordance with the Texas Tech University Health Sciences Center El Paso El Paso policy.

Approved: \_\_\_\_\_  
Printed Name of Employee's Supervisor / R#

\_\_\_\_\_  
Signature of Employee's Supervisor

(TO BE MAINTAINED BY EMPLOYING DEPARTMENT)