



DISTRICT 1199C TRAINING & UPGRADING FUND
COMPENSATORY/OVERTIME REQUEST FORM

NAME _____

DEPARTMENT _____ **DATE** _____

DATE OF COMPENSATORY/OVER TIME _____ **# OF HOURS REQUESTED** _____

REASON FOR COMP TIME

OF HOURS EARNED/APPROVED _____ **PAID** _____ **UNPAID** _____

REQUESTED BY _____ **DATE** _____

APPROVED BY _____ **DATE** _____

Department Supervisor/Manager