

**Compensatory Time Authorization Form
for Employees Covered by the UCPEA Collective Bargaining Agreement**

Employee Name: _____ Employee Number: _____

Department: _____ Title: _____

First Supervisor Outside of UCPEA: _____

Date	Reason(s)	# of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional sheets may be attached if more space is needed. Blanket forms will not be approved.

Employee's Signature

Date

Supervisor's Approval/Denial:

- DENIED
- APPROVED
- APPROVED, AS AMENDED BELOW:

Date	Reason(s)	# of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Approvals Only:

The employee must flex the first five (5) hours worked through a reduction in the employee's schedule within the same pay period. However, if business or operational needs do not allow a reduction in schedule within the same pay period, or if the hours worked exceeds five (5) hours in a pay period, the first supervisor outside the bargaining unit may authorize the employee to accrue compensatory time for the hours they were unable to flex.

Supervisor must select one or both:

- The employee is approved to reduce their work schedule by _____ hours in the same pay period.
- The employee is approved to accrue compensatory time for _____ hours for the time they were unable to flex in the same pay period.

Supervisor's Certification:

I certify that I have reviewed the information above and any attached documents.

I certify that if this authorization form is approved, the approval of compensatory time is for work hours required beyond the employee's regularly scheduled workweek.

I certify that if this authorization form is being completed after the employee already has worked hours beyond their regularly scheduled workweek because of an emergency or urgent situation, a written record of the event with an explanation of why prior approval was not given has been made.

Supervisor's Signature

Date

Supervisors must 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 laborrelations@uconn.edu.