

# Compensatory Time Authorization Form for Non-Exempt Confidential Employees

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Manager Name and Title: \_\_\_\_\_

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

### Manager's Approval/Denial:

- DENIED
- APPROVED
- APPROVED, AS AMENDED BELOW:

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

- 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.

**Manager’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.

\_\_\_\_\_  
Manager’s Signature

\_\_\_\_\_  
Date

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

*Please review the [Leave Benefits for Managerial and Confidential Exempt Employees Policy](#) for more information regarding overtime compensatory time for confidential employees. Questions may be referred to Labor Relations at [laborrelations@uconn.edu](mailto:laborrelations@uconn.edu).*