

WEBER COUNTY SHERIFF'S OFFICE

Compensatory Time & Leave Request

S.S.NO.:

Date:

Employee Name:

Division:

Date:

Hours Worked:

Total Hours Worked:

Date(s):

Shift:

**Total Number of Hours
Requested:**

REASONS FOR EXTRA TIME:

Worked Holiday

Forest Service

**Holiday Fell On
Regular Day off**

**Worked Extra Shift
For**

Vacation

**Sick Leave
(Describe Illness)**

Comp Leave

TYPE COMPENSATION REQUESTED:

Comp Time Pay

Employee's Signature

Employee's Signature

Division Commander:

Date:

Chief Deputy:

Date:

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