WEBER COUNTY SHERIFF'S OFFICE

Compensatory Time & Leave Request

WEBER COUNTY SHERIFF'S OFFICE

Compensatory Time & Leave Request

S.S.NO.:	Date:	S.S.NO.:	Date:
Employee Name:	Division:	Employee Name:	Division:
1			
Date:	Date(s):	Date:	Date(s):
Hours Worked:	Shift:	Hours Worked:	Shift:
Total Hours Worked:	Total Number of Hours Requested:	Total Hours Worked:	Total Number of Hours Requested:
REASONS FOR EXTRA TIME:		REASONS FOR EXTRA TIME:	
Worked Holiday	Vacation	Worked Holiday	Vacation
Forest Service	Sick Leave (Describe Illness)	Forest Service	Sick Leave (Describe Illness)
Holiday Fell On Regular Day off	Comp Leave	Holiday Fell On Regular Day off	Comp Leave
Worked Extra Shift For		Worked Extra Shift For	
TYPE COMPENSATION REQUESTED: Comp Time Pay		TYPE COMPENSATION REQUESTED: Comp Time Pay	
Employee's Signature	Employee's Signature	Employee's Signature	Employee's Signature
Division Commander:	Date:	Division Commander:	Date:
Chief Deputy:	Date:	Chief Deputy:	Date: