



Standing Rock Sioux Tribe Form

Request to Work Compensatory Hours

Date of Request:			
Employee Name & Title:			
Program:			
Pay Period #:	From:	To:	
Day:	Time:		
JUSTIFICATION: (State the reason(s) you are requesting to work compensatory time hours)			

Approved

Disapproved

SUPERVISOR:	Date:
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Employees must complete a separate compensatory time request form for each instance of compensatory time requested. All requests for compensatory time must be approved/authorized in advance or the compensatory time worked will not be approved.