

AUTHORIZATION FOR COMP TIME
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Reason for Request (daily accounting should be done on the reverse side of this form for comp time only.)	Date(s) work is to be performed	Estimated # of Hours
Supervisor Approval _____ Date _____	Event Supervisor Approval _____ Date _____	
Time earned is 1.5 x hours.		
<i>(For Comp Time use this blue Authorization form.)</i>	Division Assistant Supt _____ Date _____	

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