

RIO ARRIBA COUNTY
PO BOX 127
TIERRA AMARILLA, NM 87575

RIO ARRIBA COUNTY
1122 INDUSTRIAL PARK ROAD
ESPANOLA, NM 87532

Compensatory Time Authorization

I, _____, request to be allowed to work above
(Employee Name)
and beyond the 40 hours a week on _____, due to the following
specific tasks that cannot be addressed in the course of the working day:

Tasks: _____

Total Number of Hours: _____

If approval is granted, this office will initiate a request requisitioning Compensatory Time for the employee. Compensatory Time shall be made by granting compensatory time off at the rate of one and one-half hours for each hour of overtime worked. Compensatory Time off shall be taken as soon as possible after earned as directed and approved by his/her supervisor(s).
I hereby certify that the above is true and correct.

Employee

Date

Immediate Supervisor

Date