



Alabaster Board of Education  
Compensatory Leave Request Form

*The purpose of this form is to request approval to take previously earned comp time.*

Name of Employee \_\_\_\_\_

Requested Date(s) of Leave \_\_\_\_\_ to \_\_\_\_\_

Total Number of Leave Hours Requested \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal or Supervisor

\_\_\_\_\_  
Date