



LEHMAN
COLLEGE

Department of Human
Resources

Shuster Hall, Room 230
250 Bedford Park Blvd West
Bronx, NY 10468

Phone: 718-960-8181
Fax: 718-960-1191
Web: www.lehman.edu

REQUEST FOR APPROVAL OF COMPENSATORY TIME

No. of hours: _____

Reason for overtime:

Name _____ Title _____

Other CUNY position, if any _____

For the month of _____

Advance approval is required for compensatory pay. If work has already been performed, note highest ranking
College official who gave approval. _____

_____/_____/_____
Date Department Dept. Code Authorized Administrator

Approved Denied Request modified as follows:

_____/_____/_____
Date

Human Resources Director

