

Navajo Nation Department of Fish and Wildlife  
Compensatory Time/Regular Day Off/Flex Time Leave Approval Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Dates to be on duty:**

Start Date/Time: \_\_\_\_\_ End Date/Time: \_\_\_\_\_ Total Hours Earned: \_\_\_\_\_

**Date(s) to take CT/RDO/Flex Time**

Start Date/Time: \_\_\_\_\_ End Date/Time: \_\_\_\_\_

Explain assignment/work activity: \_\_\_\_\_

**Type of Time Off to be Taken:**

\_\_\_\_\_ Compensatory Time (non-exempt employees only)

\_\_\_\_\_ Regular Day Off

\_\_\_\_\_ Flex Time

**\*All Comp Time, Regular Day Off and Flex Time requests requires your immediate supervisor's approval before working the extra hours or adjusting RDO's – NO EXCEPTIONS!!!**

Employee Signature

Approved By and Date

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