# NEW BEDFORD PUBLIC SCHOOLS
# AFSCME COMPENSATORY REQUEST FORM

**NAME:** _____ **DATE:** _____

**POSITION:** _____

**SCHOOL/OFFICE**: _____

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Request the following dates of Compensatory Time

Total number of days: _____

FROM _____ TO _____

FROM _____ TO _____

☐ Recommend Approval ☐ Recommend Denial

_____ ***Reason for denial

Principal

_____

_____

Supervisor/Director

_____

_____ _____

Superintendent/Designee