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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