



**CAE Oxford**

Aviation Academy *Phoenix*

## COMPENSATORY TIME OFF

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Employee (print): \_\_\_\_\_ TALON CODE: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**This is a request to work a full schedule on your scheduled day off based on company need, which in turn will be compensated for a like day off in the future. A record will be kept in the operations department of day requested.**

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Scheduled Day off requested to work: \_\_\_\_\_

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

Entered in the planning schedule: Yes \_\_\_\_\_ No \_\_\_\_\_

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### COMPENSATORY DAY OFF

Compensatory Day Off Requested: \_\_\_\_\_

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

Remarks: \_\_\_\_\_

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**Note: All Compensatory time off to be requested at least two weeks in advance for planning purposes.**

Operations Manager: \_\_\_\_\_ Date: \_\_\_\_\_