



Request for Leave Payout (For Police Benevolent Association Members)

Payroll Services

Employee Name _____ Employee ID # _____

Department Name _____ Account # _____

| LEAVE TYPE | ANNUAL LEAVE | OVERTIME COMP | SPECIAL COMP |
|----------------------------|--------------|---------------|--------------|
| # HRS REQUESTED TO BE PAID | | | |

Signature _____ Date _____

Print Name _____

Approved by Department Head (Chair / Director)

Signature _____ Date _____

Print Name _____

Approved by VP/Assoc VP/Dean

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| HUMAN RESOURCES USE ONLY |
| CURRENT POSITION INFO FOR PAYOUT REQUESTS |

| LEAVE TYPE | CURRENT BALANCE | TIME PAID To DATE | HRS. TO BE PAID | GROSS AMOUNT |
|------------------------|-----------------|-------------------|-----------------|--------------|
| ANNUAL LEAVE (108) | | | | \$ |
| OVERTIME COMP (121) | | | | \$ |
| SPECIAL COMP (111) | | | | \$ |

Prepared by _____ Date Prepared _____ PPE Processed _____

COMMENTS _____

