



# Request for Compensatory Leave Payout

Payroll Services

Employee Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Department Name \_\_\_\_\_ Account # \_\_\_\_\_

LEAVE TYPE	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

<b>HUMAN RESOURCES USE ONLY</b>
<b>CURRENT POSITION INFO FOR PAYOUT REQUESTS</b>

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

Prepared by \_\_\_\_\_

Date Prepared \_\_\_\_\_ PPE Processed \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_