



Request for Compensatory Leave Payout

Payroll Services

Employee Name _____ Employee ID # _____

Department Name _____ Account # _____

LEAVE TYPE	REGULAR COMP	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

HUMAN RESOURCES USE ONLY

CURRENT POSITION INFO FOR PAYOUT REQUESTS

LEAVE TYPE	CURRENT BALANCE	TIME PAID To DATE	HRS. TO BE PAID	GROSS AMOUNT
REGULAR COMP (161)				\$
OVERTIME COMP (121)				\$
SPECIAL COMP (111)				\$

Prepared by _____ Date Prepared _____ PPE Processed _____

COMMENTS _____
