

APPLICATION TO ACCUMULATE /PAY COMPENSATION TIME

This form is to be used when applying to be paid for or accrue compensation time

Any or all accumulated compensation time hours may be paid at a rate of twenty-five dollars (\$25) per hour with the 8th, 15th or 21st payroll

EMPLOYEE NAME: _____

			PLACE A CHECK MARK FOR METHOD OF REIMBURSEMENT:	
DATE:	REASON:	AMOUNT OF TIME:	EARNED (ACCRUE)	HOLD FOR 8TH, 15TH, 21ST PAY

APPROVED: _____ EMPLOYEE SIGNATURE: _____ DATE: _____

DENIED: _____ PRINCIPAL SIGNATURE: _____ DATE: _____

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