

# APPLICATION TO ACCUMULATE/PAY COMPENSATORY TIME

This form is to be used when applying to be paid or accrue comp time  
 Time earned beyond two days accrued or earned must be paid out

Name \_\_\_\_\_

(Check method of reimbursement)

Date Earned	Reason	Amount of Time	Earned (accrue)	Pay w/next Payroll	Hold for 8th, 15th,21st Pay

Approved \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Not Approved \_\_\_\_\_ Principal Signature \_\_\_\_\_ Date \_\_\_\_\_