

REQUEST FOR CASH PAYMENT OF UNUSED COMP TIME

Employee Name (please print)	Employee number	Department

Per the terms of the YCEA Agreement, I elect to receive a cash payment in lieu of taking _____ hours of earned compensation time accrued in the fiscal year _____. I understand that this payment will be made at my existing salary level and will be received as part of my next regular payment.

This form, with proper signatures as indicated below, must be received in the payroll office with your time sheet, but no later than the end of the fiscal year.

Employee signature	Date
Supervisor signature	Date

For payroll use only:

Received on date _____

For paydate _____