CR COLLEGE OF THE REDWOODS

Comp Time Payment Request

Name: _____ Employee ID #: _____

Department: _____ Location: _____

Please pay the above employee for:

_____ Hours of Comp Time on the next available payroll

Account Code: _____ - _____ - _____ - _____ - _____
                 Fund   Cost Center   Program   Activity   Object

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Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Senior Staff Signature: _____ Date: _____

** For Payroll Use Only **

Paid:
_____ Hours at $ _____

Date Paid: _____

Posted (to leave record): _____ Initial: _____