Choose Name from Drop Down

**Request for Payment**

To be completed by Employee:

As Per Regulation 902 KAR 8:120, Section 20 & 21 (C-Time) or 902 KAR 8:120, Section 3, Item 8 (Annual leave):

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee name) am requesting a lump sum payment for hours which I have accrued as of this date.

Annual Leave: \_\_\_\_\_\_\_\_\_hours (maximum of 75 hours per fiscal year).

Compensatory Time

30 hours

902 KAR 8:120, Section 21 (2) An employee who has accumulated at least thirty (30) hours of compensatory time may be paid for the accumulated leave by the appointing authority upon written request. If payment is approved by the appointing authority, it shall be at the employee's regular rate of pay and in thirty (30) hour increments.

50 hours (Mandatory once 200 hours of compensatory time is accrued)

902 KAR 8:120, Section 21 (3) If an employee has accumulated the maximum amount of compensatory leave, the appointing authority shall pay the employee for at least fifty (50) hours of accumulated compensatory leave at the employee's regular rate of pay and shall reduce the employee's compensatory leave balance accordingly.

For annual leave request for payment: I understand that I must maintain 275 hours of annual time on the accrued hours report when making this request. Employee and Payroll Staff signatures are required before submission to the Appointing Authority for signature.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

To be completed by Payroll Staff:

As of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date), the employee listed above has \_\_\_\_\_\_\_\_\_\_ hours of accrued **CHOOSE ONE:** Compensatory time or Annual time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll Staff Signature Date

To be completed by Appointing Authority:

 I APPROVE the payment of hours as noted above which will be paid on for the pay period ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 I DO NOT approve the payment of hours noted above at this time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointing Authority Signature Date