HENRY COUNTY BOARD OF EDUCATION

COMPENSATORY TIME – PAYMENT REQUEST

Employee Name_____ Location_____
(Please print or type)

I would like to request that I be <u>PAID</u> for _____hours of my accumulated compensatory time.

(For this request, the employee should sign and date below; principal or supervisor approval is not required. The employee should send this form to the payroll department at Central Office or should give it to the payroll secretary at his/her school or department to be included with regular payroll information.)

Employee Signature **Employee Position** **Date**