



Request for Payment of Compensatory Time Salaried, Non Exempt Employee

Date: _____ Employee Name: _____ Employee ID: _____

Position Title: _____ Current Status: _____
(Active or Termination Pending)

Location: _____

Total hours requested for payment: _____ X Hourly Rate: _____ = Total Gross Pay: _____

Justification: _____

Funding Source: _____

Requested by: _____
(Principal or Department Head)

Approved by: _____
(Area Superintendent or Executive Director)

Forward completed form to: Payroll@greenville.k12.sc.us

For Payroll & Insurance Services Use Only

Date Received: _____ Date Processed: _____ Check Date : _____

Comp Hours Adjusted in Timelink: _____ Processed by: _____