



GLENVILLE STATE

THRU: Personnel

To: Payroll

Name: _____

Date: _____

Subject: Request for Cash Reimbursement for Additional Hours Worked

As indicated on the attached time sheet for the period ending _____, I have, with the prior approval of my supervisor, accrued a total of _____ hours of comp time.

I request that I receive cash payment, to be included in my next paycheck, for _____ of these hours.

Employee's Signature

Supervisor's Signature