

# UConn HEALTH

## MEMORANDUM

**TO:** Human Resources Payroll

**FROM:**

**DATE:**

**RE: Request of Payment for UHP Compensatory Time**

---

Please pay \_\_\_\_\_ hours of compensatory time earned for the following employee:

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_