



MEMORANDUM

**TO:** Human Resources Payroll

**FROM:**

**DATE:**

**RE: Request Payment of IL/Comp/Holiday Time Earned**

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

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

Social Security Number: \_\_\_\_\_

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

Administrators Signature: \_\_\_\_\_