

**AAPF EMPLOYEES**  
**Payment for Excess Unused**  
**Compensatory Time**  
*Fiscal Year* \_\_\_\_ / \_\_\_\_

Dept. No.	Employee ID #	Name	Comp. Time Balance	Hours to be Carried Over (Maximum 35 )	Hours to be Used by August 31	Hours to be Paid

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date