CCMSA EMPLOYEES Payment for Excess Unused Compensatory Time Fiscal Year ____ / ____

			Hire Date		Hours to be Carried		
			(10-year	Comp.Time	Over (Maximum	Hours to be used	Hours to
Dept. No.	Employee ID#	Name	Employee)*	Balance	35)**	by August 31	be Paid
	-	•					

Supervisor	
Date	

^{*} Employees with 10 or more years of continual service may request written authorization to carry over compensatory time *beyond* June 30th. Please see CCMSA Contract, Article VI for procedure.

^{** 40} hour employees may carry over up to 40 hours