



**REQUEST TO CHANGE ACCRUAL TYPE
FOR NON-EXEMPT EMPLOYEES
(COMPENSATORY/OVERTIME)**

**CHANGE REQUESTED
(SELECT CHOICE THAT APPLIES)**

CASH TO COMPENSATORY TIME

COMPENSATORY TIME TO CASH

EMPLOYEE NAME:	HOME DEPARTMENT:
COUGAR ID NUMBER:	INTERNAL TITLE:
EFFECTIVE DATE:	DATE OF REQUEST:

JUSTIFICATION/REASON FOR CHANGE:	
SOURCE OF FUNDS FOR OVERTIME CASH:	CURRENT (IF ANY) COMPENSATORY TIME BALANCE:
HAS EMPLOYEE BEEN NOTIFIED OF CHANGE? <div style="display: flex; justify-content: space-around;"> YES NO </div>	<u>ANY ACCRUED COMPENSATORY TIME WILL BE PAID OUT AS A RESULT OF THIS CHANGE.</u>

<u>APPROVALS</u>	
SUPERVISOR:	DATE:
DEPARTMENT HEAD:	DATE:
DEAN/VICE PRESIDENT:	DATE:
EXECUTIVE VICE PRESIDENT:	DATE:

RECEIVED BY HUMAN RESOURCES:	DATE:
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