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? ◯ YES ◯ NO	**ANY ACCRUED COMPENSATORY TIME WILL BE PAID OUT AS A RESULT OF THIS CHANGE.**

APPROVALS	
SUPERVISOR:	DATE:
DEPARTMENT HEAD:	DATE:
DEAN/VICE PRESIDENT:	DATE:
EXECUTIVE VICE PRESIDENT:	DATE:

RECEIVED BY HUMAN RESOURCES:	DATE: