

**University of Central Arkansas
Compensatory Time
Payout Form**

Employee Name:

Employee ID Number:

Department Name:

Department Org. Number:

COMP TIME PAYOUT REQUEST

Number of Compensation Payout Hours requested:
(After 1.5 multiplier if CTO)

Compensatory time is entered in Banner as worked. (See example on page 2)

Banner automatically calculates it @ 1.5 when entered as CTO (time and half) or 1 when entered as CTE (straight time).

When paid, it is at the employees regular rate of pay (Not time and half).

Reason for Compensatory Time Payout

Explain why work is designated as essential, cannot be completed during workday, and is paid time instead of accrued as compensatory time:

Agreement: I hereby request a cash-out option of up to one hundred twenty (120) hours of accrued comp hours. I understand comp time is paid out at the end of each month.

If this compensatory time was earned in another department please complete the “Budget Transfer” sheet attached.

Employee Signature

Date

Department Head Signature

Date

Vice President Signature

Date

Example: Paying out CTO

Employee worked 45 hours in a pay week. (Saturday – Friday)

- 5 hours of CTO (Comp Time Earned 1.5)

Main timekeeper for department will enter the employee's hours into PHATIME under the CTO code. Once it is processed it will be placed in the employees COMP time bucket as 7.5 hours earned. ($5 * 1.5 = 7.5$)

Completing the Compensatory Payout Form

- If you want to pay them for those hours of overtime (CTO) worked you will place 7.5 in box labeled

COMP TIME PAYOUT REQUEST

Number of Compensation Payout Hours requested:

- This is paid at the employees regular rate of pay at the end of the month.

Budget Transfer

Date: _____, 20____

It is requested that this budget transfer be approved for the organization(s) and the amount(s) indicated below.

(Name of Department)

(Signature of Department Head)

Type of Change:	Approvals:	Budget Use Only:
Base <input type="checkbox"/>	Dean/Director _____	Initial: _____
Temporary <input type="checkbox"/>	Vice President/Provost _____	Date: _____
	Budget Director _____	# _____

INDEX	ORGANIZATIONAL NAME	ACCOUNT CODE	JUSTIFICATION/REASON	BUDGET INCREASE	BUDGET DECREASE

Justification/Reason: (Additional comments if needed):