



CITY OF BILLINGS

CASH OUT COMPENSATORY TIME EARNED REQUEST FORM

PLEASE PRINT CLEARLY

Employee Name: _____

Department: _____

Hours to be paid out: _____

Payday requested for: _____

→ ***Request for Cashing Out Comp Time MUST be received in Human Resources by 5:00 pm on the Friday PRIOR to the Payday you are requesting to have it processed.***

→ ***DO NOT attach to timecards as the request may be overlooked.***

REQUEST FORM RECEIVED
in HUMAN RESOURCES:

SIGNATURE: _____

Date: _____

Contact PH#: _____