



## 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#: \_\_\_\_\_