

Rhode Island College
COMPENSATORY TIME – PSA REQUEST FOR EXTENSION OR PAYOUT

PSA@RIC Article IX Hours of Work (9.8 a.) Members must discharge compensatory time within 90 days from the date that said time is earned, as recorded on the college's online time reporting tracking system. If, however, a member is denied opportunity to expend said compensatory time throughout the ninety (90) day period, he/she shall refer the matter to the VPAF or his/her designee who shall, within fifteen (15) days, at his/her sole discretion, either order the payment of the compensatory time which was accrued within the previous ninety (90) day period, or prescribe a schedule of no more than three (3) months over which this compensatory time shall be expended, or combination of both.

PSA EMPLOYEE NAME: _____ EmplID# _____
DEPARTMENT: _____
DATE OF REQUEST: _____

I have a total of _____ COMP TIME hours (earned within previous 90 days) for which I have attempted to arrange for the use of the time with my supervisor, however, I am unable to use the time for the following reason(s) :

I am, therefore, requesting the following:
Extension of _____ COMP TIME hours FOR _____ months (max of 3)
Payment of _____ COMP TIME hours (amount payable to be calculated by payroll department)

Employee Signature: _____ Date: _____
Department Director Signature: _____ Date: _____
AVP/Dean Signature: _____ Date: _____

VPAF approval: I approve the following:
____As requested above or,
____ Extension of _____ COMP TIME hours FOR _____ months
____ Payment of _____ COMP TIME hours

VPAF Signature: _____ Date: _____
VPAF-Forward completed & signed original form to Payroll Office for processing.

PAYROLL/ACCOUNTING USE ONLY:

Hours to be paid: _____ Hourly Rate of Pay: _____ Total Payment: _____
Department/Grant# _____ Effective Date: _____ Job Code: MC
Time & Labor Update: _____ Date updated: _____ Initials: _____

Notes: _____

Return copy to: Department Director, Employee