



200 Howell Ave
Riverhead, NY 11901

INDIVIDUAL COMP PAY OUT FORM

Payroll,

I, _____, working in _____
Employee name Department

Has a Comp balance of _____

Requests the following:

Number of Comp hours to be redeemed _____

Comp Hours remaining after this pay out _____

Employee Signature

Date

Verified by
Employee in Payroll

Date Received _____

Payment to be made in pay period ending _____