

**CITY OF SALEM**

**REQUEST PAYMENT FOR ACCRUED COMPENSATORY OR HOLIDAY LEAVE**

NAME \_\_\_\_\_ EMPLOYEE NUMBER \_\_\_\_\_

BUDGET NUMBER \_\_\_\_\_

REQUEST TO BE SUBMITTED TO PAYROLL, FINANCE DEPARTMENT 10 CALENDAR DAYS IN ADVANCE OF THE NEXT PAYDAY.

TYPE OF PAY REQUESTED:  
PLEASE CHECK

NUMBER OF HOURS:

COMPENSATORY

HOLIDAY

PAY REQUESTED PERIOD ENDING: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_