



REQUEST FOR PAY OUT OF ACCUMULATED LIEU TIME

Date of Request: \_\_\_\_\_  
mm/dd/yyyy

Name: \_\_\_\_\_

Employee I.D.: \_\_\_\_\_

Department: \_\_\_\_\_

Dates that Lieu Time was accumulated for:

<u>Dates:</u>	<u>Hours:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Hours of Lieu Time to be Paid: \_\_\_\_\_ @ Double-Time 2x Hourly  
Overtime 1.5x Hourly Rate  
Regular Rate

\_\_\_\_\_  
*Manager/Dept. Head/Dean Approval*  
*(Please Print Name)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date of Approval*

**Submit Form To:** Payroll Department. Any inquiries should be directed to this department at (519) 253-3000 ext. 2136