



Compensatory Leave Reimbursement Policy



Policy A-HR-7

September 15, 2005
Revised Jan 30, 2012

Purpose: To establish and promulgate the method for utilizing compensatory time by qualifying employees.

Policy: In accordance with the Local Health Department Merit System Administrative Regulations, compensatory time will be reimbursed to qualifying employees at the rates and frequencies as identified in the procedures of this policy.

Procedure Three Rivers District Health Department will follow local personnel Administrative Regulations that state the following:

- I. Using accumulated Compensatory Time
 - A. An employee who has accrued compensatory leave time shall be permitted by the appointing authority to take compensatory time off when practical and upon proper request by the employee.
 - B. An employee who has accumulated at least thirty, (30) hours of compensatory time may be paid for the accumulated leave by the appointing authority upon written request (Form A-HR-7 (A)). If payment is approved by the appointing authority, it shall be at the employee's regular rate of pay and in thirty (30) hour increments.
 - C. If an employee has accumulated the maximum amount of compensatory leave: the appointing authority shall pay the employee for at least fifty (50) hours of accumulated compensatory leave at the employee's regular rate of pay and shall reduce the employee's compensatory leave balance accordingly.
 - D. Upon separation from service or transfer to another agency, unused compensatory time shall be reimbursed in a lump sum payment to the employee.
 - E. Upon the death of an employee, the employee's estate shall be paid for unused accumulated compensatory time.

- F. When requesting annual leave time, the agency may require the employee to utilize comp time accrued but unused when/if in the best interest of the agency.

District Director

Date

Chairperson, Three Rivers District Board of Health

Date

Form A-HR-7(A)



**Three Rivers District Health Department and Home Health Agency
Compensatory Reimbursement Request**

EMPLOYEE NAME: _____

SUPERVISOR: _____

COMPENSATORY LEAVE BALANCE: _____
Beginning Balance Ending Balance

I hereby request payment of _____ hours of accumulated Compensatory Leave. I understand that requests can only be made for all, or part of, the hours in excess of thirty (30). I also understand that accumulated Compensatory Leave paid in lump sum can only be paid in thirty (30) hour increments, except when the maximum two-hundred (200) hour balance is exceeded.

Employee Signature Date

___ Approved ___ Denied

Comments: _____

