

COVID-19 Exempt Position Compensatory Time Policy Payout Form

In accordance with the [COVID-19 Exempt Position Compensatory Time Policy](#), exempt position employees who have a minimum balance of five (5) weeks of COVID-19 compensatory time under the Policy (for the period January 31, 2020 through June 30, 2021) may request a payout of up to a maximum of 70 hours for employees in a 35-hour work week and 80 hours for employees in a 40-hour work week by completing this Form.

To receive the payout, this form must be submitted to HR payroll at DOA.timesheets@hr.ri.gov on or before December 31, 2021.

Payment of such compensatory time will be made within thirty (30) calendar days of receipt of the COVID-19 Exempt Position Compensatory Time Policy Payout Form.

Employee Information:

Employee Name: _____ Title: _____

Department: _____ Division: _____

Account Number*: _____ Employee ID*: _____

Regularly Scheduled Work Week Hours (check one): 35 hours 40 hours

Email Address: _____ Phone Number: _____

* Account Number and Employee ID can be located on your paystub on [Paystub RI](#).

Payout Information:

Step One: Enter your estimated current accrued balance in the box below. Your HR Payroll Representative will verify this amount. If your balance is below the required five weeks, your representative will contact you to let you know that you are ineligible for a payout.

Step Two: Enter in the number of hours you would like to be paid out. If you choose an hourly amount that is above the permitted payout hours for your regularly scheduled work week, your HR Payroll Representative will default to the maximum payout hours for your work week (70 hours for a 35-hour work week and 80 hours for a 40-hour work week).

Step Three: Email your completed form to DOA.timesheets@hr.ri.gov on or before December 31, 2021. In the subject line include "COVID-19 Comp Time Payout Form" and your Agency.

You will receive your payout within 30 days of receipt of the Form. The compensatory time payment (less all state and federal income taxes, FICA and other applicable deductions) will be included in your regular paycheck in the overtime field.

If you have any questions, please contact the [HR Payroll Representative](#) assigned to your agency.

Estimate of Current COVID-19 Compensatory Time Balance (weeks): _____ Requested Payout Hours: _____

Signature:

By signing this Form, I certify that I am voluntarily requesting a payout of my accrued COVID-19 Compensatory Time in accordance with the [COVID-19 Exempt Position Compensatory Time Policy](#):

Employee Signature: _____ Date: _____

For HR Use Only:

Date Form Received: _____ Verified Balance: _____ HR Rep: _____
PPE Date Paid: _____