

**CITY OF CHICO
HUMAN RESOURCES & RISK MANAGEMENT OFFICE**

REQUEST FOR PAYMENT OF CTO ACCRUAL

Employee Name: _____

Employee #: _____

I hereby request payment for _____ hours of my unused Compensated Time Off (CTO) accrual.

I understand that my Memorandum of Understanding (MOU) provides that, during designated months, I may request payment for all or part of the accrued CTO balance as listed below. I also understand that if I do not request payment for CTO hours, those accrued hours will remain available for my use during the year.

Bargaining Unit	Payment Limit	Request Month(s)
CPOA	80 hours*	January*
CPSA	80 hours	January and July
Confidential	80 hours	January
IAFF	48 hours	January (Mandatory)
SEIU-TC	80 hours	January
Stationary Engineers, Local 39	80 hours	January
UPEC, Local 792	80 hours	January
Unrepresented Contractual	80 hours	January

* CPOA CTO payouts capped at \$60,000 per year.

Employee Signature: _____

Date: _____

FINANCE OFFICE PROCESSING:

Request processed as made.

Request amended for the following reason(s): _____

Request not processed for the following reason(s): _____

Finance Signature: _____

Date: _____

Distribution: Employee Finance