



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

# LEAVE CASH-OUT REQUEST

## Ambulance Operators Unit

Must print in Black or Blue ink ONLY

Employee ID	Red No.	Last Name, First Name	Union Code
Pay Group	Department		Requested Pay Date
		Requested Pay Period	

A leave Cash-out Pre-Designation Agreement must be on file designating Annual Leave hours to be cashed out.

<b>CURRENT LEAVE BALANCE</b> Ambulance Operators Unit Annual Leave	<b>ACTUAL HOURS TO CASH OUT</b> (must be in whole hour increments)

### PAYMENT OPTIONS

Distribute the hours listed in the "Actual Hours to Cash Out" section above in the following manner:

#of Actual Hours	Hours to 457(b) Deferred Compensation Plan - The value of these hours will be added to your 457(b) Deferred Compensation Plan. A completed Salary Savings 457(b) Deferred Compensation Participation Plan Agreement must be attached to this Request. Both forms must be signed and dated in the month prior to the desired pay date and be sent directly to EBSD-Salary Savings desk. Please note that deferring hours into your 457(b) Plan may qualify as Earnable Compensation and may result in an increased deduction to your normal bi-weekly pension deduction. This may result in a lower than average Net Pay Distribution.
#of Actual Hours	Hours to Cash Out -The value of these hours will be added to your next on-cycle gross pay. Requests for cash-outs must be received in Central Payroll by the Master Calendar Processing Deadline prior to desired pay date.

Employee Signature	Telephone	Date
Appointing Authority or Designee Signature (Print & Sign)		Date
Payroll Specialist Name (Print & Sign)	Telephone	Mail Code
		Date

*Office Use Only*

PPM/k Begin Date	PPM/k End Date	CVE	Verified By/Date	Keyed By/Date	Reviewed By/Date

DISTRIBUTION: 457(b) - EBSD-HR (0440) - SalarySavings@hr.sbcounty.gov  
 Cash Payment- Central Payroll (0032)