



VACATION & HOLIDAY Fire Management

Must print in Black or B	lue ink Ol	NIY		FII e IVIAI	iageii	ient					
Employee ID		Rcd No.		Last Name, First Name					Union Code		
Pay Group		·	Department			Requested Pay Period			Requested Pay Date		
				Va	acation			Hol	iday		
Current Leave Balances											
•				ment must be on file des out a Pre-Designation A			•			ut.	
		-	n 1 - Without		,	-	on 2 - With Pe	•			
		(must be ir	n whole hour i		(pena	Ity hours code	d with earn co	des AVC and Holid]	
	Actual Hours To Cash Out		Vacation	1 Honday		sted Hours Cash Out	Vacation	Tiona	ау		
		hours wor acation & Ho		imum 8 hours		Ity Hours ss 10%)					
or			rk week Holiday = Minimum 14 hours			al Hours Cash Out					
I am electing	to con	vert sick to v	vacation. I h	ave attached the corre	ect Leave (Conversion F	Request for r	ny unit.		1	
,				PAYMEN	T OPTION	s					
Distribute the ho	urs liste	ed in the "Ac	tual Hours t	o Cash Out" section a		_	nanner:				
# of Actual Hours	Compe be atta directly Compe	ensation Pla ached to this y to EBSD-S ensation and	n. A comple Request. E Salary Saving	npensation Plan - The ted Salary Savings of Both forms must be sign gs desk. Please note in an increased dedu- istribution.	401(K) Det gned and c that deferr	fined Compo lated in the ring hours int	ensation Pla nonth prior to o your 401(k	n Participat the desired) Plan may c	ion Ag pay d ualify	greement must ate and be sent as Earnable	
# of Actual Hours	Composition of the composition o	ensation Pla be attached nt directly to ble Compen	an. A completo this Requestion EBSD-Salans	mpensation Plan - Teted Salary Savings est. Both forms must ry Savings desk. Pleanay result in an increa. Net Pay Distribution.	457(b) De t be signed ase note th	ferred Comp and dated in at deferring	n the month phours into you	articipation orior to the deput 457(b) Plant	Plan A esired an ma	Agreement pay date and y qualify as	
# of Actual Hours				ue of these hours will ayroll by the Master C		-					
Employee Signature						Telephone				Date	
		Appoin	ting Author	ity or Designee Sig	nature (P	l rint & Sign)				Date	
Payroll Specialist Name (F				Print & Sign)		Telephone		Mail Code	I Code Date		
Office Use Only PP/Wk Begin Date PP/Wk End Date AVC CVE CV							N ALII		1	OUN	
-			AVC	CVE	CV	IN	AHL	CHE		CHN	
DISTRIBUTION: 4	101(k) &			r.sbcounty.gov	Verifie	ed By/Date	Keyed	By/Date	Rev	viewed By/Date	

Cash Payment - Central Payroll (0032)