



# LEAVE CASH-OUT PRE-DESIGNATION AGREEMENT FOR CALENDAR YEAR 2024 Ambulance Operators Unit

Must print in Black or Blue ink ONLY

|                    |                   |                              |  |                  |
|--------------------|-------------------|------------------------------|--|------------------|
| <b>Employee ID</b> | <b>Rcd No.</b>    | <b>Last Name, First Name</b> |  |                  |
| <b>Company</b>     | <b>Union Code</b> | <b>Department</b>            |  | <b>Telephone</b> |

**I elect to convert the following number of Annual Leave hours to cash:**

|   |
|---|
| <b>Annual Leave Hours</b><br><i>(May not exceed 60)</i>   |
| Number of hours designated may not be less than 8 hours or more than 60 hours.<br>At least 80 hours Annual/COVID Bonus Leave must have been used in the previous calendar year. |

I understand and accept the following conditions regarding my designation:

1. I must complete, sign, and submit this Agreement no later than **December 29, 2023** in order to cash out the above hours in **calendar year 2024**.
2. Signing this Pre-Designation Agreement does **not** restrict my ability to use the Annual Leave I accrue during **calendar year 2024**.
3. This designation is *irrevocable*. If I have not submitted a Leave Cash-Out Request form or used the leaves for the total pre-designated hours indicated above by the end of pay period **25/24**, any hours remaining up to the accruals available after pay period **25/24** processes will be automatically cashed out and will be added to my earnings for pay period **26/24**.
4. I understand that I must meet the eligibility requirements as set forth in my MOU in order to be eligible to cash out future accruals of Annual or Vacation hours.
5. I understand that if my employment is terminated prior to pay period **26/24**, I must also submit a Leave Cash-Out Request form prior to my separation to have any remaining leave hours requested above count as earnable compensation, if applicable. If I do not complete the Leave Cash-Out Request form prior to separation, remaining leave balances from the above designation will be cashed out along with other applicable leave balances after separation and will not be considered earnable compensation.
6. I understand that failure to adhere to these rules can result in adverse tax consequences for all County employees. **Therefore, I must complete, sign, and return this Pre-Designation Agreement to my Payroll Specialist by December 29, 2023. Any forms received after this date will not be honored.**

|  |             |
|--|-------------|
| <b>Employee Signature</b>  | <b>Date</b> |
| <b>Appointing Authority or Designee (Print &amp; Sign - no signature stamps)</b> | <b>Date</b> |

**PAYROLL SPECIALIST VERIFICATION OF ELIGIBILITY**

|             |  |  |  |  |  |  |  |  |  |  |                         |
|-------------|--|--|--|--|--|--|--|--|--|--|-------------------------|
| Pay Period  |  |  |  |  |  |  |  |  |  |  | <b>Total Hours Used</b> |
| Leave Hours |  |  |  |  |  |  |  |  |  |  |                         |

|  |                  |                  |             |
|--|------------------|------------------|-------------|
| <b>Payroll Specialist (Print &amp; Sign - no signature stamps)</b> | <b>Telephone</b> | <b>Mail Code</b> | <b>Date</b> |
|--|------------------|------------------|-------------|

*Office Use Only (Eligibility Verification)*

|              |            |                 |                   |
|--------------|------------|-----------------|-------------------|
| VOE Complete | Signatures | Signature Dates | Reviewed By/ Date |
|--------------|------------|-----------------|-------------------|

*DISTRIBUTION: 1st Review - Department Payroll Specialist  
Final Review - Central Payroll (0032)*