



LEAVE CASH-OUT PRE-DESIGNATION AGREEMENT FOR CALENDAR YEAR 2024

Board-Governed SBC Fire - Local 935 Firefighter EMTs/Paramedics, Engineers, and Captains

Must print in Black or Blue ink ONLY

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

I elect to convert the following number of Vacation, Paid Time Off and/or Holiday Leave hours to cash:

| Vacation Leave Hours (May not exceed 112) | Paid Time Off (May not exceed 112) | Holiday Leave Hours (May not exceed 167 for TBO and 142 for MBO) |
|--|--|---|
| At least 112 hours Vacation Leave must have been used in the previous calendar year. (Number of hours designated may not exceed the total hours accrued for the pre-designation agreement year). (MAX 112) | At least 112 hours PTO/Vacation Leave must have been used in the previous calendar year. (Number of hours designated may not exceed the total hours accrued for the pre-designation agreement year). (MAX 112) | Number of hours designated may not exceed the total hours accrued for the pre-designation agreement year. |

Do you intend to change your current benefit option (TBO/MBO) next year? Yes No

If "Yes" is selected and you do not change your benefit option during 2024 Open Enrollment, you may only cash-out the predesignated hours for the leave type (vacation or paid time off) accrued in 2024.

- 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** without incurring a 10% penalty.
 2. Signing this Pre-Designation Agreement does **not** restrict my ability to use the Vacation/PTO/Holiday 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 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.
 5. I understand and agree to the Leave Cash-Out provisions as established in the applicable MOU.

FORMS MUST BE COMPLETED, SIGNED, AND RETURNED TO YOUR PAYROL SPECIALIST BY DECEMBER 29, 2023 FORMS RECEIVED AFTER THIS DATE WILL NOT BE HONORED.

| | |
|--|-------------|
| Employee Signature | Date |
| Appointing Authority or Designee (Print & Sign - no signature stamps) | Date |

| PAYROLL SPECIALIST VERIFICATION OF ELIGIBILITY | | | | | | | Employee currently enrolled in MBO? | | Total Hours Used | |
|--|--|--|--|--|--|--|-------------------------------------|----|------------------|-------------|
| Pay Period | | | | | | | Yes | No | | |
| VAC Hours | | | | | | | | | | |
| PTO Hours | | | | | | | | | | |
| Payroll Specialist (Print & Sign - no signature stamps) | | | | | | | Telephone | | Mail Code | Date |

Office Use Only (Eligibility Verification)

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