

LEAVE CASH-OUT PRE-DESIGNATION AGREEMENT FOR CALENDAR YEAR 2025

Must print in	Black or Blue						ne Off L						
Employee ID		Rcd No.		Last Name, First Name									
Union Code					Departme	ent	Telepho			ne			
elect to c	onvert th	 ne followin	a num	ber of V	acation and	d/or Paid	Time Off Lea	ve hours to	cash:				
	Minimum Designation			per of Vacation and/or Paid Time Off Leave hours to cash: Vacation Leave Hours* Paid Time Off (PTO) Leave							_eave l	Hours**	
	8.00 Hours												
	Maximum Designation (Combined)		Number of hours designated may not be less than hours listed and may not exceed the hours below the combined. *For Vacation Pre-designation, at least 80 hours of Vacation/PTO must have be the previous year. **For PTO Pre-designation, at least 80 hours of PTO/Vacation must had during the provious calendar year to be cligible for this benefit.						een used	d during			
60.00 Hours Oo you intend to change your curren		current	during the previous calendar year to be eligible for this benefit. benefit option (TBO/MBO) next year? Yes No										
If "Yes" is se	lected and yo	• •	e your ber		• •	•	you may only cas			for the leav	ve type		
l understa 1. I mus	nd and ac	cept the follo	owing co	onditions is Agree	regarding my ment no later	/ designation than Dec e	on: ember 30, 202	4 in order to o	cash out th	e above	hours i	n calenda	
2. Signii 2025 .	_	e-Designatio	on Agree	ement do	oes not restri	ct my abili	ty to use the F	Paid Time Off	f leave I ad	ccrue dur	ing ca l	endar ye	
hours	indicated	l above by	the end	of pay p	period 25/25 ,	any hour	n-Out Request s remaining u / earnings for l	p to the accr	uals availa				
	I understand that I must meet the eligibility requirements as set forth in my MOU or Compensation Plan in order to be eligible to cash out future accruals of Paid Time Off Hours and/or Vacation Hours.												
to my comp	r separation	on to have a eave Cash-0	any rem Out Requ	aining le uest form	eave hours re prior to sepa	equested a	d 26/25 , I must bove count as naining leave b I will not be co	s earnable co alances from	ompensation the above	on, if app designa	olicable tion will	. If I do n	
6. I und emple	erstand th	at failure to	adhere must c e	to these	rules can res , sign, and	sult in adve return thi	erse tax conse s Pre-Desigr be honored.	quences for a	all County	County F	Fire/Sp		
Employee Signature												Date	
Appointing Authority or Designee (Print & Sign - no signature stamps)												Date	
PAYI	ROLL SPECIA	ALIST VERIFIC	CATION (OF ELIGIB	ILITY	Facalaria	e currently enro	lladia MADOS	Vaa	N			
Pay Period						Limpioyee	e currently emo	ileu III MBO:	Yes	No	<u>' </u>	Total Hours	
<i>VAC</i> Hours													
PTO Hours													
Payroll Specialist (Print & Sign - no			signature stamps)			Telephone		Mail Code		Date			
					Office Use	Only (Eligii	bility Verification	n)					
VOE Complete				Signatures				Signature Dates			Reviewed By/ Date		
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DISTRIBUTION: 1st Review - Department Payroll Specialist Final Review - Central Payroll (0032)

REV. PR 12/20/2024

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.