

LEAVE CASH-OUT REQUEST ADMINISTRATIVE LEAVE

Only listed units can use this form

- Fire Management Unit Management SBC Fire Emergency Services (Sup. Dispatchers) Supervisory Safety Management/Supervisory
- Supervisory Nurses Specialized Peace Officer Supervisory Supervisory Nurses Management Level Supervisory Non-Represented

Must print in Black or Blue : Employee ID	Rcd No.	. Last Name, First Name				Union Code			
Pay Group		Department			Requested Pay Period		Requested Pay Date		
 Number of hours el Any Administrative 	ected must be Leave balance	hed out <u>once</u> during limited to the extension of the extensions at the extensions are the extensions at the extensions are extensions at the extension at the	MINISTRATIVE LEAVE ing the calendar year (as ent that the hours would be end of the last pay per MOU). A cash-out form	s defined in have accru riod in a ca	applicable Moued at the apple	DU). licable rate less an	•	sed to date. ut at the employee's the	
Current Administrative Leave Balance					Actual Hours to Cash Out (must be in whole hour increments)				
Distribute the hours li	sted in the "/	Actual Hours to	PAYMENT Cash Out" section ab			anner:			
# of Actual Hours Cor be a dire Cor	npensation F attached to the ctly to EBSD npensation a er than avera	Plan. A completents Request. Bo D-Salary Savings and may result in the page Net Pay Dist	th forms must be sign desk. Please note to an increased deduct	57(b) Def ned and d hat deferr tion to you	erred Comp ated in the m ing hours into ur normal bi-v	ensation Partici nonth prior to the o your 457(b) Pla weekly pension o	pation F desired an may q leduction	Plan Agreement mus pay date and be sent ualify as Earnable n. This may result in a	
must be received in Central Payroll by the Master Calendar Processing Deadline prior to desired Employee Signature Telephone							sired pay	y date. Date	
Appointing Authority or Designee Signature (Print & Sign)								Date	
		PAYROI	L SPECIALIST VER	IFICATIO	N OF ELIGIE	BILITY			
Month * All Supervisory, Sherif Investigator, ESU Sup. I * Management Unit and * Supervisory Nurses M * Fire Management Unit	Dispatchers = Sheriff's Lieut anagement Le	Rate nd DA Sup. 3.33 enant = 6.67 evel = 6.67	Monthly Accrual Rate	# of Mo	nths A		urs Used t Date	Hours Eligible to Cash Out	
Payroll Specialist (Print & Sign)					elephone	Mail (Code	Date	
			Office U	se Only		•			
PP Begin Date	Date PP End Date CAE			Verified By/Date Keyed By/I		ate	Reviewed By/Date		
		(0440) - SalarySa entral Payroll (0032	vings@hr.sbcounty.gov 2)			incorporates use o County Policy #03-		ures in accordance with tandard Practice 1.	

REV. PR 01/09/2025