

LEAVE CASH-OUT REQUEST VACATION HOLIDAY ADMINISTRATIVE & PAID TIME OFF

Employee	ID R	Rcd No. Last Name,			First Name	е		Union Code				
Pay Group			Department			Requ	Requested Pay Period			Requested Pay Date		
Current Leave Balances			Vacation Holid		Holiday		Adm	ninistrative		Paid Time off		
Option 2 - Exis	sting baland	es may be 1 - With	e cashe out Pen	ed out without a alty	I nt must be on file des a Pre-Designation Aç	greement, but	will be su	bject to a ten p	ercent (10%) With Penalty	penalty.		
Option 2 - Exis	sting baland Optior	es may be 1 - Wither whole ho	e cashe out Pen	ed out without a alty		greement, but	will be su	bject to a ten p	ercent (10%) With Penalty	penalty.		
Option 2 - Exis	oting baland Option (must be in	es may be 1 - Wither whole ho	e cashe out Pen our incre	ed out without a alty ements)	a Pre-Designation A	greement, but	will be sunalty hours	bject to a ten p Option 2 s coded with e	ercent (10%) With Penalty arn codes AV	penalty. C, AHL, and APT)		
Option 2 - Exis	oting baland Option (must be in	es may be 1 - Wither whole ho	e cashe out Pen our incre	ed out without a alty ements)	a Pre-Designation A	(pen	and the sum of the sum	bject to a ten p Option 2 s coded with e	ercent (10%) With Penalty arn codes AV	penalty. C, AHL, and APT)		

				Ρ/	ATIVIENTO	PHONS					
Distribute the	e hours lis	ted in the "A	ctual Hours	to Cash Ou	ut" section a	bove in the	following ma	anner:			
# of Actual F	lours Hou Con be a sent Earr	irs to 401(Inpensation In attached to the directly to the companies of the	K) Defined Plan. A com this Reques EBSD-Sala pensation ar	Compensation Compension Compensio	ation Plan ary Savings as must be desk. Plea ult in an inc	- The value 401(K) Designed and ase note the reased dec	e of these fined Conti dated in the at deferring	hours will ribution Pl e month pr hours into	be added to an Participa for to the de your 401(k bi-weekly pe	ation Agree esired pay d) Plan may	ment mus ate and be qualify as
# of Actual F	Con be a sent Earr may	npensation Fattached to the directly to nable Compour result in a least to the contract of the	Plan. A complethis Request EBSD-Salatensation are lower than a	pleted Salar st. Both form ary Savings and may resurred Net	ry Savings on the must be desk. Plea alt in an ind Pay Distrib	457(b) Defe signed and ase note the creased dec ution.	erred Compo dated in that deferring duction to yo	ensation P e month po hours into our normal	articipation rior to the de your 457(b bi-weekly p	Plan Agree esired pay d r) Plan may ension dedu	ement mus ate and be qualify as uction. This
# of Actual F									oss pay. Re or to desired		asn-outs
	·	Empl	oyee Signa	ature				Telephor	ne		Date
		Appoir	nting Autho	ority or Des	signee Sigr	nature (Pri	nt & Sign)			ı	Date
	Pay	roll Specia	list Name ((Print & Siç	gn)		Teleph	one	Mail Code	e I	Date
					Office (Jse Only		•		•	
PP Begin Date	PP End Date	APT	CPE	CPT	AVC	CVE	CVN	AHL	CHE	CHN	CAE

DISTRIBUTION: 401(k) & 457(b) - EBSD-HR (0440) - SalarySavings@hr.sbcounty.gov Cash Payment - Central Payroll (0032)

Verified by/Date	Keyed by/Date	Reviewed by/Date