



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

LEAVE CASH-OUT REQUEST Paid Time Off - MBO Eligible Units

Only listed units can use this form.

Only the below listed Union Codes will be accepted for use with this form.

ADM	AOU	ATY	CLK	CLT	ESU	FSA	MGT	NRE	NRS	PRF	SUP	T&I	WAS
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Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name		Union Code
Pay Group	Department		Requested Pay Period	Requested Pay Date

A Leave Cash-Out Pre-Designation Agreement **must** be on file designating Paid Time Off hours to be cashed out.

Current Paid Time Off Leave Balance	Actual Hours to Cash Out (must be in whole hour increments)
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Note: Ensure you are requesting the minimum number of hours per your applicable MOU.

PAYMENT OPTIONS

Distribute the hours indicated in the "Actual Hours to Cash Out" section above in the following manner:

# of Actual Hours	Hours to 457(b) Deferred Compensation Plan - The value of these hours will be added to your 457(b) Deferred Compensation Plan. A completed Salary Savings 457(b) Deferred Compensation Participation Plan Agreement must be attached to this Request. Both forms must be signed and dated in the month prior to the desired pay date and be sent directly to EBSD-HR.		
# of Actual Hours	Hours to Cash Out - The value of these hours will be added to your next on-cycle gross pay. Requests for cash-outs must be received in Central Payroll by the Master Calendar Processing Deadline prior to desired pay date.		
Employee Signature		Telephone	Date
Appointing Authority or Designee Signature (Print & Sign)			Date
Payroll Specialist Name (Print & Sign)		Telephone	Mail Code
			Date

Office Use Only

PP/Wk Begin Date	PP/Wk End Date	CPE	Verified By/Date	Keyed By/Date	Reviewed By/Date
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DISTRIBUTION: 457(b) - EBSD-HR (0440)
Cash Payment - Central Payroll (0032)