



# 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	NRP	NRS	PRF	SUP	T&I	WAS
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*Must print in Black or Blue ink ONLY*

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

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

<b>Current Paid Time Off Leave Balance</b>	<b>Actual Hours to Cash Out</b> (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	<b>Hours to 457(b) Deferred Compensation Plan</b> - The value of these hours will be added to your 457(b) Deferred Compensation Plan. A completed <b>Salary Savings 457(b) Deferred Compensation Participation Plan Agreement</b> 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. Please note that deferring hours into your 457(b) Plan may qualify as Earnable Compensation and may result in an increased deduction to your normal bi-weekly pension deduction. This may result in a lower than average Net Pay Distribution.
# of Actual Hours	<b>Hours to Cash Out</b> - 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.

<b>Employee Signature</b>	<b>Telephone</b>	<b>Date</b>
<b>Appointing Authority or Designee Signature (Print &amp; Sign)</b>		<b>Date</b>
<b>Payroll Specialist Name (Print &amp; Sign)</b>	<b>Telephone</b>	<b>Mail Code</b>
<b>Date</b>		

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

### 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)*