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



LEAVE CASH-OUT REQUEST **Safety or Safety Management/Supervisory**

☐ Safety	☐ Safety Management/Supervisor
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st print in Black or Blu			Loc	t Nama I	irst Name				Inian Cada
Employee ID	Rcd No.		Las	st mame, r	irst name			Union Code	
Pay Group De		epartment		Requested Pay F		eriod Req		uested Pay Date	
			CUPPEN	TIEAVE	BALANC	FC			
Safety Unit Annual Leave		Safety Management/Sup Vacation Lea		upervisory Unit		Safety Unit, Safety Manageme Supervisory Unit Compensatory Time		ry Unit	
Janua Caab aut	Designation	A	sout mount has on file		- A	Vacation Las			ad aut
leave Cash-out			ent must be on file					oe casn	ed out.
Actual Hours to Cash Out			Annual Leave Vacation		on Leave	n Leave Compensatory		_	
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DISTRIBUTION: 457(b) - EBSD-HR (0440) - SalarySavings@hr.sbcounty.gov Cash Payment - Central Payroll (0032)