

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

LEAVE CASH-OUT REQUEST Self-Governed Exempt

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.		Last Name, Fi	Union Code			
Pay Group		De	partment	Requested Pay Period	Requested Pay Date		
Current Leave Balances		Vacation	Holiday	Administrative			

Option 1 - A Leave Cash-Out Pre-Designation Agreement must be on file designating vacation, holiday and/or administrative leave hours to be cashed out. **Option 2** - Existing balances may be cashed out without a Pre-Designation Agreement, but will be subject to a ten percent (10%) penalty.

Option 1 - <u>Without Penalty</u> (must be in whole hour increments)							
	Vacation Holiday Admin						
Actual Hours To Cash Out							

Option 2 - With Penalty (penalty hours coded with earn codes AVC and AHL)

	Vacation	Holiday
Requested Hours To Cash Out		
Penalty Hours (less 10%)		
Actual Hours To Cash Out		

PAYMENT OPTIONS

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

						-					
# of Actual Hours	Hours to 401(K) Defined Compensation Plan - The value of these hours will be added to your 401(K) Defined Compensation Plan. A completed Salary Savings 401(K) Defined Contribution Plan Participation 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-Salary Savings desk. Please note that deferring hours into your 401(k) 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	Hours to 457(b) Deferred Compensation Plan - The value of these hours will be added to your 457(b) Deferr							eferred			
	^s 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-Salary Savings desk. 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	rs 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.										
					ionaan i					y date.	
Employee Signature T					Telephone				Date		
Appointing Authority or Designee Signature (Print & Sign) Date								Date			
Payroll Specialist Name (Print & Sign)					Telephone Ma		ail Code		Date		
This document/form in	ncorporates use of	e-signatures in accord	lance with the Sa	n Bernardir	no County P	olicy #03-12 and \$	Standard F	ractice 1.			
Office Use Only											
PP Begin Date	PP End Date	AVC	CVE	CV		AHL	CHE		CHN		CAE
DISTRIBUTION: 401(k) & 457(b) - EBSD-HR (0440) SalarySavings@hr.sbcounty.gov Cash Payment - Central Payroll (0032)					Verifi	erified By/Date Keyed By/Date		Reviewed By/Date			