



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

LEAVE CASH-OUT REQUEST

Vacation Leave - Eligible Units

Only listed units can use this form.

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

ADM	ATY	CLK	CLT	ESU	FAN/FAS	FSA	GFS/GSU	MGT	NRE
NRP	NRS	PRB	PRF	SFS	SPO	SPS	SUP	T&I	WAS

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 Vacation Leave hours to be cashed out.

Current Vacation Leave Balance	Actual Hours to Cash Out (must be in whole hour increments)
---------------------------------------	---

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-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	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

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	CVE	Verified By/Date	Keyed By/Date	Reviewed By/Date
------------------	----------------	-----	------------------	---------------	------------------

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