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

# LEAVE CASH-OUT PRE-DESIGNATION AGREEMENT FOR CALENDAR YEAR 2017
# Board-Governed - Fire Management

*Must print in Black or Blue ink ONLY*

| Employee ID | Rcd No. | Last Name, First Name | |
|---|---|---|---|
| | | | |
| **Company** | **Union Code** | **Department** | **Telephone** |
| | | | |

**I elect to convert the following number of Vacation and/or Holiday Leave hours to cash:**

| Vacation Leave Hours | Holiday Leave Hours |
|---|---|
| ☐ 40 hour work week (min. 8 hours, max. 80 hours) | ☐ 40 hour work week (min. 8 hours, max.112 hours) |
| ☐ 56 hour average work week (min. 14 hours, max. 112 hours) | ☐ 56 hour average work week (min. 14 hours, max. 155 hours) |

I understand and accept the following conditions regarding my designation:

1. I must complete, sign and submit this agreement no later than **December 29, 2016** in order to cash out the above hours in **calendar year 2017** without incurring a 10% penalty.
2. Signing this Pre-Designation Agreement does **not** restrict my ability to use the Vacation/Holiday Leave I accrue during **calendar year 2017**.
3. This designation is *irrevocable*. If I have not submitted a Leave Cash-Out Request form or used the leaves for the total pre-designated hours indicated above by the end of pay period **25/17**, any hours remaining up to the accruals available after pay period **25/17** processes will be automatically cashed out and will be added to my earnings for pay period **26/17**.
4. I understand that I must meet the eligibility requirements as set forth in my MOU in order to be eligible to cash out future accruals of Vacation and/or Holiday Leave.
5. I understand that the hours that are currently pre-designated may be converted (using a 1.4 conversion ratio) if my standard hours change during the calendar year. (Changes would be from a 56 hour average work week to a 40 hour work week *or* from a 40 hour work week to a 56 hour average work week.)
6. I understand that failure to adhere to these rules can result in adverse tax consequences for all County and/or County Fire/Special Districts employees. I agree to the Leave Pre-Designation provisions as established in the applicable MOU or Compensation Plan.

***FORMS MUST BE COMPLETED, SIGNED, AND RETURNED TO YOUR PAYROLL SPECIALIST BY DECEMBER 29, 2016. FORMS RECEIVED AFTER THIS DATE WILL NOT BE HONORED.***

| Employee Signature | Date |
|---|---|
| | |
| **Appointing Authority or Designee (Print & Sign)** | **Date** |
| | |

| Payroll Specialist (Print & Sign) | Telephone | Mail Code | Date |
|---|---|---|---|
| | | | |

***Office Use Only (Eligibility Verification)***

| Leave Accrual Rate | Union Code | Signatures | Signature Dates | Reviewed By/ Date |
|---|---|---|---|---|
| | | | | |

*DISTRIBUTION: Original - Central Payroll (0032)*