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

LEAVE CASH-OUT PRE-DESIGNATION AGREEMENT FOR CALENDAR YEAR 2017
Vacation Leave - Eligible Units

ONLY Union Codes listed below with Minimum Designations will be accepted for use with this form.

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name

Union Code	Department	Telephone

I elect to convert the following number of Vacation Leave hours to cash:

Minimum Designation	Union Code
8.00	ADM
	CLK
	CLT
	ESU/GFS
	MGT
	NRE/NRS

Vacation Leave Hours

Number of hours designated may not be less than hours listed and may not exceed 60 hours. At least 80 hours of Vacation Leave must have been used during the previous calendar year to be eligible for this benefit.

Minimum Designation	Union Code
8.00	NRP
	PRF
	SUP
	T&I
	WAS
10.00	EHS/SFS

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**.
2. Signing this Pre-Designation Agreement does **not** restrict my ability to use the Vacation 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 or Compensation Plan in order to be eligible to cash out future accruals of Vacation Hours.
5. I understand that failure to adhere to these rules can result in adverse tax consequences for all County/County Fire/Special District employees. **Therefore, I must complete, sign, and return this Pre-Designation Agreement to my Payroll Specialist by December 29, 2016. Any forms received after this date will not be honored.**

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

PAYROLL SPECIALIST VERIFICATION OF ELIGIBILITY

Pay Period										Total Hours Used
VAC Hours										

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)