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

LEAVE CASH-OUT REQUEST
VACATION & HOLIDAY
Exempt and Board-Governed Exempt

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**

Current Leave Balances	Vacation	Holiday

Option 1 - A Leave Cash-Out Pre-Designation Agreement must be on file designating vacation and/or holiday 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 - Without Penalty
(must be in whole hour increments)

	Vacation	Holiday
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		

☐ I am electing to convert sick to vacation. A completed Leave Conversion Request - Sick to Vacation Leave - Exempt is attached.

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-HR.
# 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-HR.
# 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

Office Use Only

PP/Wk Begin Date	PP/Wk End Date	AVC	CVE	CVN	AHL	CHE	CHN

DISTRIBUTION: 401(k) & 457(b) - EBSD-HR (0440)
Cash Payment - Central Payroll (0032)

Verified By/Date	Keyed By/Date	Reviewed By/Date