



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

LEAVE CASH-OUT REQUEST FOR COMPENSATORY TIME Safety or Safety Management/Supervisory

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

COMPENSATORY TIME CASH-OUT GUIDELINES

Compensatory Time may be cashed out once during the pay period in which April 15th falls. I understand that:

1. Compensatory Time cash-out is limited to a maximum of 40 hours.
2. Compensatory Time cash-out is paid at the rate of pay in effect at the time of cash-out.
3. Compensatory Time cash-out must be in whole hour increments.

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

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-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 Begin Date	PP End Date	CCT	Verified By/Date	Keyed By/Date	Reviewed By/Date
---------------	-------------	-----	------------------	---------------	------------------

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