



LEAVE CASH-OUT REQUEST - HOLIDAY Self-Governed Safety

Must print in Black or E	Blue ink ONLY										
Employee II	D Rcd	Rcd No. Last Naı					Name		Ur	Union Code	
Pay Group)	Department				-	Requested Pay Period			Requested Pay Date	
A leave Cash-Out	t Pre-Design	nation A	Agreement	must b			iday hours	to be cashed	out.		
Current	Leave Ba	lances	5		Holi	day					
		(m	Option 1 -		t Penalty increments)	(penal	-	ed with Penalty	des AHL)		
			ctual Hour To Cash Out	- 1			ested Hours Cash Out	s			
				·		(le	alty Hours ess 10%) ual Hours Cash Out				
Distribute the hou	ırs listed in t	he "Act	tual Hours	to Cash		T OPTION above in th	_	manner:			
# of Actual Hours	Compensati be attached directly to El	on Plar to this BSD-Sa on and	n. A compl Request. I alary Savin may result	eted Sa Both for gs desk t in an ir	lary Savings of ms must be sign. Dlease note acreased deduction	457(b) De gned and o that defer	ferred Con dated in the ring hours i	npensation P month prior to nto your 457(o the desired pay b) Plan may qual	Agreement must date and be sent	
							-		oss pay. Reques to desired pay d		
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 Da	ate	AHL		CHE	CH	IN V	erified By/Date	Keyed By/Date	Reviewed By/Date	
DISTRIBITION: 4	157(h) - FRST)-HR (04	140) - Salan	Savings	@hr shcounty a	ov	I			<u> </u>	

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