

LEAVE CASH-OUT REQUEST One-Time Administrative Leave Exempt - Board Governed Exempt

Must print in Black or Blue	e ink ONLY						
Employee ID	Rcd No.	Last Name, First Name				Union Code	
Pay Group		Department		Requested Pay Period		Requested Pay Date	
	Cash-Out Pre	-Designation Agreeme	nt must be on file	E time during an emple designating Administral Agreement, but will be	ative leave ho	ours to be	
		Option 1 - Without Penalty (must be in whole hour increments)		Option 2 - With Penalty (penalty hours coded with earn codes AAD)			
		Actual Hours	Admin	Requested Hours	Admin	,	
		To Cash Out		To Cash Out Penalty Hours			
				(less 10%) Actual Hours To Cash Out			
Distribute the hours	listed in the "A	ctual Hours to Cash O	PAYMENT OP ut" section above	FIONS in the following manne	r:		
Co	mpensation Pl	an. A completed Sala to this Request. Both	ry Savings 401(k	lue of these hours will to perfined Compensate gned and dated in the top	ion Plan Par	ticipation	Agreement
"Of Actual Flours Co	mpensation Pl	an. A completed Sala to this Request. Both	ry Savings 457(b	alue of these hours will b) Deferred Compensa gned and dated in the i	tion Particip	ation Pla	n Agreement
				dded to your next on-cy ar Processing Deadling			
I understand t	that submissior s, with or witho	n of this form constitute out penalty, regardless	es my ONE opport of the actual num	tunity during employments that are control	nt to cash ou onverted to ca	t existing ash.	Administrative
Employee Signature				Tel	Telephone		Date
	Appoir	nting Authority or De	signee Signatur	re (Print & Sign)			Date
Payroll Specialist Name (Print & Sign)				Telephone	Mail	Code	Date
			Office Use O	nly			
PP Begin Date	PP End Date	e AAD	CAE	Verified By/Date	Keyed B	y/Date	Reviewed By/Dat

DISTRIBUTION: 401(k) & 457(b) - EBSD-HR (0440)

Cash Payment - Central Payroll (0032)