

LEAVE CASH-OUT REQUEST ATTORNEY

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

A Leave Cash-Out Pre-Designation Agreement **must** be on file designating Attorney Leave hours to be cashed out.

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

PAYMENT OPTIONS

Distribute the hours listed in the "Actual Hours to Cash Out" section above in the following manner:

# of Actual Hou	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 Agreement must be attached to this Request. Both forms must be signed and dated in the month <u>prior</u> to the desired pay date and be sent directly to EBSD-Salary Savings desk. Please note that deferring hours into your 457(b) Plan may qualify as Earnable Compensation and may result in an increased deduction to your normal bi-weekly pension deduction. This may result in a lower than average Net Pay Distribution.			
# of Actual Hou	^S 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 (P date) prior to desired pay date.			

Employee Signature	Telepl	Telephone	
Appointing Authority or Designee Signatu	re (Print & Sign)		Date
Payroll Specialist Review (Print & Sign)	Telephone	Mail Code	Date

Office Use Only

PP/Wk Begin Date	PP/Wk End Date	CAT	Verified By/Date	Keyed By/Date	Reviewed By/Date

DISTRIBUTION: First Review - Department Payroll Specialist

Final Review - 457(b) - EBSD-HR (0440) - SalarySavings@hr.sbcounty.gov

- Cash Payment - Central Payroll (0032)