

LEAVE CASH-OUT PRE-DESIGNATION AGREEMENT FOR CALENDAR YEAR 2024 Attorney

Employee ID	Rcd No.		Last Name, First Name							
Union Code		Department					Telephone			
I elect to conve	rt the follow	ing nun	nber of Atto	rney, Vac	ation Leav	e, and/or	Paid Tim	e Off hou	urs to cash:	
Attorney Leave Hours		Vacation Leave Hours*				Paid Time Off (PTO)* (Must be enrolled in MBO)				
Number of hours designated may not be less than 8 hours and shall not exceed 40 hours.			May elect up to 80 hours to cash out in a minimum of 8 hour increments. At least 80 hours of Vacation/Attorney Leave must have been used during the previous calendar year to be eligible for this benefit.				May elect up to 80 hours to cash out in a minimum of 8 hour increments. At least 80 hours of PTO/Vacation/Attorney Leave must have been used during the previous calendar year to be eligible for this benefit.			
If balance is less than a nours does not exceed		me of pre-d	esignation, you m	ay pre-design	ate an addition	al 20 hours o	of Attorney lea	ve provided	the total combined	
understand and acc . I must complete, year 2024.						3 in order to	o cash out th	e above ho	ours in calendar	
Signing this Preduring calendar		reement d	loes not restrict	my ability to	use the Vaca	ation, Attorn	ey, and/or P	aid Time Ot	ff leave I accrue	
This designation above by the er automatically cas	nd of pay perio	od 25/24,	any hours rema	aining up to	the accruals				ed hours indicated processes will be	
I understand tha pre-designate up Paid Time Off ho	to an addition	al 20 hour	s of Attorney Le	eave to cash					s processed, I ma Attorney Leave, o	
my separation to	have any rem Out Request f	aining lea orm prior t	ve hours reques to separation, re	sted above of emaining lea	ount as earn ve balances	able compe from the ab	ensation, if a ove designa	pplicable. I	quest form prior to f I do not complet e cashed out alon	
6. I understand tha	t failure to adh and return this	ere to thes S Pre-Desi	se rules can res	ult in advers	e tax consec	quences for	all County e		Therefore, I mus ny forms received	
Employee Signature									Date	
A	ppointing Au	thority o	r Designee (F	Print & Sigi	ı - no signat	ture stamp	s)		Date	
		PAYE	ROLL SPECIAL	IST VERIFIC	CATION OF I	ELIGIBILITY	,			
Pay Period									Total Hours Used	
VAC/ATY Hours										
PPL										

Office Use Only (Eligibility Verification)

Mail Code

Date

Telephone

VOE Complete	Signatures	Signature Dates	Reviewed By/ Date

DISTRIBUTION: 1st Review - Department Payroll Specialist

Hours

Payroll Specialist (Print & Sign - no signature stamps)