

## COVID-19 VACCINE INCENTIVE PROGRAM Leave Cash-Out Request

Must print in Black or Blue ink ONLY

**Employee ID** 

**Pay Group** 

Rcd No.

**Department** 

An employee may request a one-time cash-out of the COVID-19 Vaccine Incentive Leave to be paid in any one of the following pay periods:

Cash Out Pay Period	Deadline Due to HR - Employee Benefits	Pay Day
PP3/2022	January 25, 2022	February 9, 2022
PP8/2022	April 5, 2022	April 20, 2022
PP15/2022	July 12, 2022	July 27, 2022
PP21/2022	October 3, 2022	October 19, 2022

Please refer to applicable Memorandum of Understanding (MOU) for additional leave cash-out information.

Last Name, First Name

**Requested Pay Period** 

Hours to Cash Out	<b>::</b>					
(must be in eight (8) hou	r increments)					
Employee Signature			Telephone		Date	
Employee eignatare		relephone		2 4.10		
Appointing Authority or Designee Signature (Print & Sign)						
Appointing Authority of Designee Signature (Finit & Sign)					Date	
		LL SPECIALIST				
Current Vaccine Incentive Leave Balance		Actual Hours to Cash Out				
			(must be in eight (8) hour increments)			
Payroll Specialist Name (Print & Sign)			Telephone	Mail Code	Date	
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		Office Use Or	nly			
Received By	Reviewed By/Date	Pay Date	Recorded/Date			
DISTRIBUTION: EBSD			<u>.</u>			
EBSD(	@hr.sbcounty.gov					

REV. EBSD 12/29/2021

**Union Code** 

**Requested Pay Date**