

Complete this section, sign and date the form; send to the Payroll Officer at the District Office.

Employee: _____

☐ Please cash out my remaining eligible personal leave balance.

☐ Please cash out the following amount of hours: _____

I AM SUBMITTING THIS REQUEST TO CASH OUT THE PERSONAL LEAVE HOURS NOTED ABOVE PURSUANT TO MY COLLECTIVE BARGAINING AGREEMENT. MY SIGNATURE BELOW INDICATES THAT I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. All leave hours/days converted for the cash out will be deducted from my current accumulated personal leave balance.
2. Cash out payment is subject to the ordinary deductions and withholdings.
3. Once approved, this request is irrevocable.

Employee Signature

Date

FOR ADMINISTRATIVE USE ONLY

Balance before cash out:_____ - Hours cashed out:_____ = Balance after cash out:_____

Hours cashed out:_____ x Hourly rate:_____ = Total dollars:_____

Code:_____

Return to Payroll by the 30th of June. Any requests received after that date will not be processed. ALL Personal Leave Cash Outs will be paid in August.

