



Vacation Leave Cash Out Request Form

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

Last Name

First Name

Vacation leave balance (hours): _____

Number of vacation leave hours to cash out (not to exceed 40): _____

Month to be paid (must be received by the 10th of the month): _____

I am submitting this request to cash out the vacation hours noted above pursuant to the salary agreement. My signature below indicates that I understand and agree to the following:

1. I may cash out up to 40 hours of vacation leave annually
2. After the cash out, I may carryover 10 days of accrued vacation leave
3. Cash out payment is subject to the ordinary deductions and withholdings
4. 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: \$_____

Pay Month: _____ Code: _____

Superintendent's Approval:

Superintendent's Signature

Date

Return to Payroll by the 10th of the month. Any requests received after that date will not be processed until the next month.