



**Association of Classified Employees (ACE)
Vacation Payout Form**

Name: _____ Banner ID: _____

Department: _____

Please identify the number of hours for which you are requesting payment _____ (max of 24 hours)
Anyone with time still remaining in their non-accrual vacation balance must first utilize this time prior to any accrual vacation time.

I understand that by signing below, I am requesting a cash payment for the above vacation hours to be paid on the June 22, 2018 pay. The hours requested will be reduced from my vacation leave balance.

Employee Signature

Date

* Please note: Vacation payouts are subject to federal, state, and city tax. According to OPERS, vacation payouts are not pension eligible.

Send completed form to the Office of Human Resources, Tod Hall by May 15, 2018.

To be completed by the Office of Human Resources:

Prior vacation leave balance: _____ Updated vacation leave balance: _____

Rate of Pay: _____ Gross vacation pay: _____