

Professional Administrative Excluded Staff
Vacation Buyback Form

Name: _____

Banner ID: _____

Department: _____

Please identify the number of hours for which you are requesting payment _____ (max of 32 hours)

I understand that by signing below, I am requesting a cash payment for the above vacation hours to be paid on the December 29th pay. The hours requested will be reduced from my current 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 December 15, 2017.

To be completed by the Office of Human Resources:

Prior vacation leave balance: _____

Updated vacation leave balance: _____

Rate of Pay: _____

Gross vacation pay: _____

