

Professional/Administrative Excluded Staff  
Vacation Cash Out 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 29<sup>th</sup> 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: \_\_\_\_\_

