

**Request for Vacation Payout
(Article 8.4.4- Payment in Lieu of Vacation)**

Employee Name: _____ Phone Number: _____

Site/Department: _____ Job Title: _____

In order to receive a vacation payout, your vacation balance must be in excess of 80 hours of accrued vacation.

Annual Vacation Accrual Payout

I choose to have _____ hours paid out this fiscal year.

I understand this election is irrevocable and the amount of vacation leave allocated for payout will not be available for future use.

I understand this request is voluntary and that all lawful deductions will be taken from a vacation payout.

I understand that if I do not submit this form by June 15th, I will receive my next year's vacation allotment on July 1st and will not have the option to receive any vacation payout until the next fiscal year.

Signature: _____ Date: _____

Please retain a copy of this signed request for your records and submit the original form to the Office of Human Resource and Employee Relations no later than June 15th of each fiscal year.

THE OFFICE HUMAN RESOURCES USE ONLY

Date Form Received:

Reviewed by:

Approved

Denied

Reason for Denial:

