

2021 Excluded Employee Leave Buy-Back Request Form

1. Employee Name:

2. Division/Facility:

3. Employee CBID:

4. Classification:

5. Employees must return this election form to the personnel office by

In order to participate in the Excluded Employee Leave Buy-Back Program for fiscal year 2020-21. Employees who elect not to participate must also return the form.

Employees designated Exempt or Managerial (Exempt/M/E59/E79/E99), Supervisory (S/E48/E58/E78/E98), or Confidential and otherwise excluded from bargaining (C/E67/E77/E97) may elect to buy back/cash out up to a maximum of 80 hours of unused leave or less as authorized by the department.

6. Please choose the applicable election option below:

- I elect not to participate in the Excluded Employee Leave Buy-Back Program for fiscal year 2020-21.
- I elect to participate in the Excluded Employee Leave Buy-Back Program for fiscal year 2020-21 and certify that I have the available leave balances.

I request to cash out the following:

Vacation: Annual Leave: Voluntary Personal Leave (VPLP):

Holiday Credit: Personal Holiday (converted to hours):

Total Hours to be cashed out:

Payments made in 2021 will be included in W-2 forms for Tax Year 2021. Payments will not be subject to deductions for retirement. Payments will be subject to the following deductions/withholdings:

Federal Tax Withholding:	22%	FICA (if applicable):	6.2%
State Tax Withholding:	6.6%	Medicare (if applicable):	1.45%

Note: For wages or compensation in excess of \$200,000 in the calendar year, an additional 0.09% Medicare deduction will be withheld.

7. I make this election freely and voluntarily and hereby waive any right to change the option selected once processing begins.

Signature of Employee

Employee Name (Printed)

Telephone Number

Date

cc: , Employee's Supervisor