2023 Employee Leave Cash Out Request Form

Bargaining Units 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, and 21 Vacation/Annual Leave Cash Out Program

1. Employee Name:	2. Division/Facility:
3. Employee CBID:	4. Classification:
5. Employees must return this election form to the pe in order to participate in the Vacation/Annual Leave C	
who elect not to participate must also return the form.	
elect to cash out up to a maximum of 160 hours for ba	
units of unused vacation/annual leave or less as authorized and the second seco	onzed by the department.
6. Please choose the applicable election below:	
☐ I elect not to participate in the Vacation/Annua	al Leave Cash Out Program for fiscal year 2022-23.
• •	eave Cash Out Program for fiscal year 2022-23 and
certify that I have the available leave balances	3.
I request to cash out the following:	
Vacation Hours: Annual Leave Hours:	Total hours to be cashed out:
Payments made in 2023 will be included in the W-2 forms for Tax Year 2023. Payments will <u>not</u> be subject to deductions for retirement. Payments <u>will be</u> subject to the following deductions/withholdings:	
Federal Tax Withholding: 22% FICA (if applications)	able): 6.2% SDI (if applicable): 0.9%
State Tax Withholding: 6.6% Medicare(if app	olicable): 1.45%
Note: For wages or compensation in excess of \$200,0	100 in the calendar year, an additional 0.0% Medicare
deduction will be withheld.	oo in the calendar year, an additional 0.3 % Medicare
7. I make this election freely and voluntarily and here processing begins.	by waive any right to change the option selected once
	5 /
Signature of Employee	Date
Employee Name (Printed)	Telephone Number
cc:	, Employee's Supervisor