2023 Excluded Employee Leave Buy-Back Request Form

1. Employee Name:	2. Division/Facility:
3. Employee CBID:	4. Classification:
Employees must return this election form to the pers	sonnel office by
In order to participate in the Excluded Employee Leave Buy-Back Program for fiscal year 2022-23. 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 or BU 2 related excluded employees a maximum of 160 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 2022-23.	
☐ I elect to participate in the Excluded Employee Leave Buy-Back Program for fiscal year 2022-23 and certify that I have the available leave balances.	
I request to cash out the following:	
Vacation: Voluntary Personal Leave (VPLP):	
Holiday Credit: Personal Holiday (converted to hours):	
Total Hours to be cashed out:	
Payments made in 2023 will be included in 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 appl	icable): 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 0.9% Medicare deduction will be withheld.	
7. I make this election freely and voluntarily and hereby processing begins.	y waive any right to change the option selected once
Signature of Employee Employee Name	(Printed) Telephone Number Date
cc:	, Employee's Supervisor