

## 2019 Department Certification of Funding and Participation Form Excluded Employee Leave Buy-Back Program

1. Please check the applicable statement:

- The department will not participate in the Excluded Employee Leave Buy-Back Program for fiscal year 2018-19.
- The department will participate in the Excluded Employee Leave Buy-Back Program for fiscal year 2018-19. Participation will not require supplemental funding.

Projected departmental cost of the leave buy-back for this fiscal year is \$

Excluded employees are eligible to cash out up to  hours

2. I hereby certify that our department's participation in the Excluded Employee Leave Buy-Back Program is as indicated above.

Signature of Agency Head/Representative

Date

Name (Printed)

Title

Contact Person Name

Title

Telephone Number

Department Name

cc: , Department of Finance Budget Analyst