

**2021 Department Certification of Funding and Participation**

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

1. Please identify the bargaining units (BUs) your department currently has employees in: (check all that apply)

- |                                       |   |                                       |   |
|---------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> BU 1 - SEIU  | <input type="checkbox"/> BU 7 - CSLEA                 | <input type="checkbox"/> BU 12 - IUOE | <input type="checkbox"/> BU 18 - CAPT   |
| <input type="checkbox"/> BU 2 - CASE  | <input type="checkbox"/> BU 8 - CalFire<br>Local 2881 | <input type="checkbox"/> BU 13 - IUOE | <input type="checkbox"/> BU 19 - AFSCME |
| <input type="checkbox"/> BU 3 - SEIU  | <input type="checkbox"/> BU 9 - PECG                  | <input type="checkbox"/> BU 14 - SEIU | <input type="checkbox"/> BU 20 - SEIU   |
| <input type="checkbox"/> BU 4 - SEIU  | <input type="checkbox"/> BU 10 - CAPS                 | <input type="checkbox"/> BU 15 - SEIU | <input type="checkbox"/> BU 21 - SEIU   |
| <input type="checkbox"/> BU 5 - CAHP  | <input type="checkbox"/> BU 11 - SEIU                 | <input type="checkbox"/> BU 16 - UAPD |   |
| <input type="checkbox"/> BU 6 - CCPOA |   | <input type="checkbox"/> BU 17 - SEIU |   |

2. Please check the applicable statement:

- The department has employees in one or more of the above BUs, but will not participate in the Vacation/Annual Leave Cash Out Program for fiscal year 2020-21.
- The department will participate in the Vacation/Annual Leave Cash Out Program for fiscal year 2020-21. Participation will not require supplemental funding.

Projected departmental cost of the cash out for this fiscal year is \$

Employees in eligible bargaining units are eligible to cash out up to  hours

3. I hereby certify that our department's participation in the Vacation/Annual Leave Cash Out 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