

2023 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
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 - PEGC | <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 2022-23.
- The department will participate in the Vacation/Annual Leave Cash Out Program for fiscal year 2022-23. Participation will not require supplemental funding.

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

Employees in bargaining unit 2 are eligible to cash out up to hours

Employees in other 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