

REQUEST FOR PERSONAL LEAVE CASH IN

EMPLOYEE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of personal leave hours to cash in (not to exceed 40) \_\_\_\_\_\_\_\_

Department

I am submitting this request to cash in the personal leave hours as allowed in Article 9, Section C of the Collective Bargaining Agreement (CBA) between the Haines Borough and Public Employees Local 71.

My signature below indicates that I understand and agree to the following:

1. I may cash in up to 40 hours of personal leave two times per fiscal year.
2. Approved requests for payout will be processed within 30 days of receipt.
3. After each cash in, I must have at least 80 hours of accrued personal leave remaining.
4. Cash in payment is subject to withholdings but is not subject to PERS. Federal tax may be withheld at 25% rate. Personal leave does not accrue on the cashed in hours.
5. This request is subject to verification of eligibility by the finance department.
6. Leave usage requirements must be met to be eligible for leave cash in.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

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PAYROLL:

Balance before cash in: \_\_\_\_\_\_\_\_\_\_ Hours cashed in: \_\_\_\_\_\_\_\_\_\_ = Balance after cash in: \_\_\_\_\_\_\_\_\_

Hours cashed in: \_\_\_\_\_\_\_\_\_\_\_ x Hourly rate: \_\_\_\_\_\_\_\_\_\_\_\_ = Total dollars: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leave usage requirement met? YES NO (circle one)

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours approved for leave cash in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CFO Signature

Date employee notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_