



LEAVE CASH-OUT PRE-DESIGNATION AGREEMENT FOR CALENDAR YEAR 2020

Board-Governed SBC Fire - Local 935 Suppression

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name		
Company	Union Code	Department		Telephone

I elect to convert the following number of Vacation and/or Holiday Leave hours to cash:

Vacation Leave Hours <i>(May not Exceed 112)</i>	Holiday Leave Hours <i>(May not Exceed 155)</i>
At least 112 hours Vacation Leave must have been used in the previous calendar year. (Number of hours designated may not exceed the total hours accrued for the pre-designation agreement year.) (MAX 112)	Number of hours designated may not exceed the total hours accrued for the pre-designation agreement year. (MAX 155)

I understand and accept the following conditions regarding my designation:

1. I must complete, sign and submit this Agreement no later than **December 30, 2019** in order to cash out the above hours in **calendar year 2020** without incurring a 10% penalty.
2. Signing this Pre-Designation Agreement does **not** restrict my ability to use the Vacation/Holiday Leave I accrue during **calendar year 2020**.
3. This designation is *irrevocable*. If I have not submitted a Leave Cash-Out Request form or used the leaves for the total pre-designated hours indicated above by the end of pay period **25/20**, any hours remaining up to the accruals available after pay period **25/20** processes will be automatically cashed out and will be added to my earnings for pay period **26/20**.
4. I understand that if my employment is terminated prior to pay period **26/20**, I must also submit a Leave Cash-Out Request form prior to my separation to have any remaining leave hours requested above count as earnable compensation, if applicable. If I do not complete the Leave Cash-Out Request form prior to separation, remaining leave balances from the above designation will be cashed out along with other applicable leave balances after separation and will not be considered earnable compensation.
5. I understand and agree to the Leave Cash-Out provisions as established in the applicable MOU.

**FORMS MUST BE COMPLETED, SIGNED, AND RETURNED TO YOUR PAYROLL SPECIALIST BY
DECEMBER 30, 2019. FORMS RECEIVED AFTER THIS DATE WILL NOT BE HONORED.**

Employee Signature	Date
Appointing Authority or Designee (Print & Sign - no signature stamps)	Date

PAYROLL SPECIALIST VERIFICATION OF ELIGIBILITY

Pay Period											Total Hours Used
VAC Hours											

Payroll Specialist (Print & Sign - no signature stamps)	Telephone	Mail Code	Date
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Office Use Only (Eligibility Verification)

VOE Complete	Signatures	Signature Dates	Reviewed By/ Date
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*DISTRIBUTION: 1st Review - Department Payroll Representative
Final Review - Central Payroll (0032)*