



LEAVE CASH-OUT PRE-DESIGNATION AGREEMENT FOR CALENDAR YEAR 2020 Safety or Safety Management/Supervisory

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 Annual, Vacation, and/or Compensatory Leave hours to cash:

Annual Leave Hours <i>(May not exceed 60)</i>	Vacation Leave Hours <i>(May not Exceed 80)</i>	Compensatory Time <i>(May not exceed 40)</i>
Safety Unit - Number of hours designated may not be less than 8 hours or more than 60 hours. At least 80 hours Annual Leave must have been used in the previous calendar year.	Safety Management/Supervisory Unit - Number of hours designated may not be less than 8 hours or more than 80 hours. At least 80 hours Vacation, Admin, and/or Holiday Leave must have been used in the previous calendar year.	Safety Unit, Safety Management/Supervisory Unit – Number of hours designated may not be less than 8 hours or more than 40 hours.

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**.
2. Signing this Pre-Designation Agreement does **not** restrict my ability to use the Annual Leave, Vacation Leave, and/or Compensatory Time 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 I must meet the eligibility requirements as set forth in my MOU in order to be eligible to cash out future accruals of Annual, Vacation, or Compensatory hours.
5. 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.
6. I understand that failure to adhere to these rules can result in adverse tax consequences for all County employees. **Therefore, I must complete, sign, and return this Pre-Designation Agreement to my Payroll Specialist by December 30, 2019. Any 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
Leave Hours											

Payroll Specialist (Print & Sign - no signature stamps)	Telephone	Mail Code	Date
--	------------------	------------------	-------------

Office Use Only (Eligibility Verification)

VOE Complete	Signatures	Signature Dates	Reviewed By/ Date
--------------	------------	-----------------	-------------------

*DISTRIBUTION: 1st Review - Department Payroll Specialist
Final Review - Central Payroll (0032)*