

Vacation Leave Cash Out Request Form

Employee Information:

Last Name _____

First Name _____

Number of vacation leave hours to cash out: _____

I am submitting this request to cash out the vacation hours noted above pursuant to the option granted to me by Company. My signature below indicates that I understand and agree to the following:

1. I may cash out up to 80 hours of vacation leave annually.
2. Cash out payment is subject to the ordinary deductions and withholdings.
3. Once approved, this request is irrevocable.

Employee Signature: _____

Date: _____