VACATION CASH OUT REQUEST FORM
Monthly to Bi-Weekly Transition

Employees impacted by the 2016 Department of Labor FLSA regulatory updates are eligible to exercise a special one-time option to use up to 48 annual leave hours to assist them in transitioning from a monthly to bi-weekly pay cycle.

The following conditions apply to this option:
- This is a one-time option which may be exercised up through June 9, 2017
- Only annual leave may be used. An employee may not use nor convert sick leave for this purpose.
- Only hours which have already been accrued may be requested. Employees may not request future leave accruals which have not yet been earned at the time of the request.
- Employees with less than 48 hours are allowed to use their full available annual leave balance.
- Hours cannot be bought back at a later time for future use

If you would like to request a vacation cash out, complete the section below and submit this form to the VSU Payroll Department or email to jkflint@valdosta.edu.

EMPLOYEE INFORMATION

Last Name, First Name: _____   ADP ID Number: _____

VACATION CASH OUT PAYMENT REQUEST

Number of Accrued Annual Leave Hours to Cash Out: _____ (Hours)

Requested Pay Date (refer to the attached bi-weekly payroll schedule): _____

CERTIFICATION

This form serves as my formal request to have the specified annual leave hours paid out on the above date. I understand that my leave balances will be decreased by the number of hours I have requested for payment and **those hours will no longer be available for use as of the approval date by Payroll**. I understand that this payment is subject to standard payroll deductions and is tax reportable. I also understand that, because this cash out is considered a supplemental payment by the IRS, a higher tax rate will apply to the vacation cash out hours I receive associated with this request. I further understand that the request for vacation cash out payment, once approved, is irrevocable.

Employee Signature: _____   Date: _____

FOR ADMINISTRATIVE USE ONLY

Current Annual Leave Balance: _____   Annual Leave Balance After Payment: _____

Employee has been approved and processed for payment: _____ _____
                                                                                                                                                      Signature   Date

Cc: Employee