



EMPLOYEE COMPENSATION SERVICES
P.O. Box 246870 Sacramento, CA 95824-6870
(916) 643-9400 FAX (916) 399-2056
Lisa Allen, Interim *Superintendent*
Cancy McArn, Assistant *Superintendent*
Gabe Estrada, Manager II, *Employee Compensation*

REQUEST FOR VACATION CASH OUT

DATE:	
TO:	Employee Compensation Department
FROM:	
LOCATION / DEPT:	
SSN (LAST 4 DIGITS) OR EMPLOYEE ID #:	
BARGAINING UNIT:	Check mark Bargaining Unit Group

SEIU: 8 Days ___ **SCTA CC: 12 Days** ___ **TCS: 12 Days** ___ **Teamsters: 12 Days** ___

I am requesting for a vacation cash out of _____ day(s). I understand that requests submitted in writing to Employee Compensation. Payroll has 60 days to pay the requested vacation days out each fiscal year.

Print Name: _____

Employee Signature: _____

Return this form to the Employee Compensation Department, Box #772.