

GLENN COUNTY PERSONNEL DEPARTMENT

525 West Sycamore Street Willows, California 95988 (530 934-6451 FAX 934-6452

Linda Durrer, Personnel Director Email: gcpersonnel@countyofglenn.net Website: www.countyofglenn.net



VACATION CASH-OUT REQUEST FORM

ONLY Employees in the Glenn County Deputy Sheriff's Association (DSA), Peace Officers' Association (POA) and Sheriffs' Administration Association (SAA) may request a pay out of up to 40 hours of accrued vacation time, in whole hour increments, to be paid between July 12, 2024 through December 27, 2024. Individuals must accrue sufficient vacation hours during the 2024 calendar year to cover the requested cash out.

In order to request a vacation cash out, you must complete this form, and provide it to your Department Head/Designee for verification of sufficient accruals. The completed form must be submitted to the Department of Finance office no later than **December 15, 2023.**

Irrevocable Election: Once made, both the election to cash out vacation leave and the date upon which the cash out is scheduled to occur is irrevocable. Employees will only be able to modify the date scheduled in cases of unforeseen emergencies, such as an unanticipated need to utilize vacation leave for a leave of absence due to medical reasons, and only upon approval of the Personnel Director or his or her designee. If, on the date scheduled for cash out, the employee does not have enough vacation leave available to satisfy the election, the County will cash out the vacation leave up to the amount available. In that case, the County will be deemed to have satisfied its obligation to cash out vacation leave pursuant to the employee's election and no further cash out will occur.

EMPLOYEE INFORMATION (please print)				
Last Name:		First Name:		
Department:		Employee Number:		
Phone Number:				
Requested Numbers Hours of Vacation		Pay Period Paid:	(Between PP#14 and PP#26)	
to be Paid Out (not to exceed 40):				

Certification

I hereby authorize payout of the above number of accrued and unused vacation hours listed above. I understand those hours will no longer be available to me and will be reflected on my pay stub statement once the hours have been paid. I understand this vacation payout is subject to standard payroll deductions and is taxable. I further understand my election, once submitted, is irrevocable.

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SIGNATURES:		
Employee Signature:		Date:
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Department Head/Designee Signature:		Date:
Final Approval By:		
(Department of Finance)		
Date:		