



UNIVERSITY SYSTEM OF GEORGIA

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 May 5, 2017
Only annual leave/unscheduled holidays may be used. An employee may not use or 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 your manager for verification of leave available and then to Tamara Rehbein in the Payroll Office by the dates outlined in the attached payroll schedule. Any forms received after the specified deadlines will be paid out on the following payroll (with the exception of the final deadline of May 5, 2017).

EMPLOYEE INFORMATION

Last Name, First Name: Employee ID No.

VACATION CASH OUT PAYMENT REQUEST

Number of Accrued Annual Leave Hours to Cash Out: (Hours)
Number of Unscheduled Holiday Leave Hours to Cash Out: (Hours)
Requested Pay Date (refer to the attached bi-weekly payroll schedule):

EMPLOYEE CERTIFICATION

This form serves as my formal request to have the specified annual leave/unscheduled holiday hours paid out on (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:

MANAGER CERTIFICATION

I certify that the leave balance for the employee named above supports this request for the Vacation/Unscheduled Holiday Cash Out, including consideration of and adjustments to future leave already requested and approved.

Manager Name (Last Name, First Name):
Manager Signature: Date:

FOR ADMINISTRATIVE USE ONLY

Current Annual Leave Balance: Annual Leave Balance After Payment:
Current Unscheduled Holiday Balance: Unscheduled Holiday Balance After Payment:
Employee has been approved and processed for payment: Signature Date



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C: Employee, Home Department

**AUGUSTA UNIVERSITY BI-WEEKLY PAYROLL SCHEDULE
DEADLINES FOR ANNUAL LEAVE PAYMENT REQUEST**

<u>Pay Period Begin Date</u>	<u>Pay Period End Date</u>	<u>Pay Date</u>	<u>Leave Payment Request Form Due Date</u>
10/01/2016	10/22/2016	10/31/2016	10/14/2016
10/23/2016	11/05/2016	11/11/2016	11/04/2016
11/06/2016	11/19/2016	11/23/2016	11/18/2016
11/20/2016	12/03/2016	12/09/2016	12/02/2016
12/04/2016	12/17/2016	12/22/2016	12/16/2016
12/18/2016	12/31/2016	01/06/2017	12/30/2016
01/01/2017	01/14/2017	01/20/2017	01/13/2017
01/15/2017	01/28/2017	02/03/2017	01/27/2017
01/29/2017	02/11/2017	02/17/2017	02/10/2017
02/12/2017	02/25/2017	03/03/2017	02/24/2017
02/26/2017	03/11/2017	03/17/2017	03/10/2017
03/12/2017	03/25/2017	03/31/2017	03/24/2017
03/26/2017	04/08/2017	04/14/2017	04/07/2017
04/09/2017	04/22/2017	04/28/2017	04/21/2017
04/23/2017	05/06/2017	05/12/2017	05/05/2017