



**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

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

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.