Remaining Sick Leave Cash Out Payroll Authorization

EMPLOYEE INFORMATION

Employee Name

Employee ID

Job Title

Department

SICK LEAVE BALANCE & CASH OUT CALCULATION

DESCRIPTION	HOURS / RATE / TOTALS
Total Accrued Unused Sick Leave Hours Available	
Number of Sick Leave Hours to Cash Out	
Remaining Sick Leave Hours Balance (after cash out)	
Employee's Hourly Rate of Pay	
Cash Out Percentage (if applicable per policy)	
TOTAL GROSS CASH OUT PAYMENT AMOUNT	

AUTHORIZATION & ACKNOWLEDGEMENT

By signing below, I request to cash out my unused sick leave hours as specified above, in accordance with the company's established Sick Leave Cash Out policy. I understand that this payout is subject to applicable federal, state, and local tax withholdings. I further acknowledge that these cashed-out hours will be permanently deducted from my accrued sick leave balance and cannot be restored.

Employee Signature Date

Manager Approval Signature Date

PAYROLL DEPARTMENT USE ONLY

Processed By

Pay Period Date

Payroll Administrator Signature Date