COMPANY NAME:

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ACCRUED SICK LEAVE PAYOUT AUTHORIZATION

Unused Sick Leave Cash-Out Request Form

EMPLOYEE INFORMATION

Employee Name:

Employee ID:

Department:

Job Title:

Supervisor / Manager Name:

SICK LEAVE CALCULATION & PAYOUT DETAILS

Description	Hours / Amount
Total Accrued Sick Leave Balance (Current)	
Total Accrued Sick Leave Hours Requested for Cash-Out	
Remaining Sick Leave Balance (Post-Payout)	
Employee Hourly Rate of Pay	$
Payout Percentage / Conversion Rate (per policy)	%
Total Gross Payout Amount	**$**

TERMS & ACKNOWLEDGEMENT

☐ I hereby request the cash-out of my accrued, unused sick leave as detailed above, in accordance with the company's established Sick Leave Payout Policy.

☐ I understand that this payout is subject to applicable federal, state, and local tax withholdings and other mandatory payroll deductions.

☐ I acknowledge that once these hours are cashed out, they will be permanently deducted from my accrued sick leave balance and will no longer be available for use as paid time off.

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Employee Signature

Date

Supervisor / Department Head Signature

Date

PAYROLL / HUMAN RESOURCES USE ONLY

Processed By:

Processing Date:

Payroll Run Date / Pay Period:

Approved By (HR/Payroll Manager):

Authorized HR / Payroll Signature