EMPLOYEE SICK TIME CASH OUT AGREEMENT

Payroll Template for Unused Sick Leave

COMPANY INFORMATION

Company Name: _____

Date of Request: _____

EMPLOYEE INFORMATION

Employee Name: _____

Employee ID: _____ **Department:** _____

Job Title: _____

SICK LEAVE CASH OUT DETAILS

Total Accrued Sick Leave Balance (Hours): _____

Maximum Allowed Cash Out (Hours): _____

Requested Cash Out (Hours): _____

Remaining Sick Leave Balance (Hours): _____

Regular Hourly Rate ($): _____

Total Cash Out Gross Amount ($): _____

TERMS AND ACKNOWLEDGEMENT

By signing below, the employee acknowledges and agrees to the following terms and conditions:

- ☐ I hereby request to cash out the specified hours of my accrued, unused sick leave as indicated above.
- ☐ I understand that this payout is subject to applicable federal, state, and local tax withholdings.
- ☐ I understand that once processed, my sick leave balance will be reduced by the number of hours paid out.
- ☐ I confirm that this request complies with the company's established Sick Leave Cash Out Policy.

_____ _____

Employee Signature Date

HR/Supervisor Signature (Approval)	Date
Payroll Department Signature (Processing)	Date