Unused Sick Leave Cash Out Request Form

EMPLOYEE INFORMATION

Employee Name		**Employee ID**	
Department		**Job Title**	
Date of Request		**Manager/Supervisor**	

SICK LEAVE CASH OUT DETAILS

Current Sick Leave Balance (Hours)		**Hourly Rate of Pay**	
Number of Hours to Cash Out		**Total Cash Out Amount ($)**	
Remaining Balance (Hours)			

ACKNOWLEDGEMENT & AUTHORIZATION

I hereby request a cash out of my accrued, unused sick leave as specified above, in accordance with the company's established Unused Sick Leave Cash Out Policy. I understand that these hours will be deducted from my accrued sick leave balance and that this payment is subject to applicable taxes and withholdings. I acknowledge that this election is voluntary and final.

Employee Signature

Date

APPROVAL SIGNATURES (INTERNAL USE ONLY)

Department Manager Approval Signature

Date

Human Resources Representative Signature

Date

Payroll Department Representative Signature

Date