Box #:

ANNUAL LEAVE CASH-IN REQUEST



Date:	Employee:	Employee #:	Dept. #:
year, with a maximum o	st to cash-in up to a cumulative f four (4) cash-ins per year. Eacl ges its employees to actually us	n request must leave a balanc	ce of at least 40 hours.
This form should be forw the upcoming Thursday	varded to the Payroll Departmen	nt by 10:00 a.m. on Mondays	to guarantee inclusion with
	Requested # of hours for Check	r payment: Direct Deposit	
Employee Signature	 Date	Manager/Director	
	dgeted expenditures, so approva . This cash-in will be charged to s).		
FOR PAYROLL DEPARTMENT	USE ONLY:	_	
BEGINNING BALANCE	CASH-IN HOURS	NEW BALANCE	GROSS PAYROLL AMOUNT