

# Manual Leave Cash out Form

UF ID #:		Last Name:		First Name:	
Emp Rec #:*		FTE:	Dept ID #:		Dept Name:
Hire Date:	Termination Effective Date in Job Data:		Cash Out Reason: <input type="checkbox"/> 12 mo. to 9 mo. <input type="checkbox"/> Teams to OPS <input type="checkbox"/> Multiple jobs (AEF)		Rate of Hourly Pay:

\*Please submit a separate form for each employee record eligible for cash out

Hours to be cashed out:	
Vacation/Annual Leave:	Special Comp Leave:
Sick Leave*:	Overtime Comp Leave:

\*Sick leave is allow only if term is prior to 6/30/2016 or in Union 20D with 10 years of eligible service

Approved by:		
(Signature indicates that leave balances have been reviewed for accuracy and that amounts being cashed out are complete and accurate.)		
Supervisor/Dept HR Rep Name (printed):	Supervisor/Dept HR Rep Signature:	Date:
Dean/Director/Dept. Chair Name (printed):	Dean/Director/Dept. Chair Signature:	Date:

This form was completed by:	Phone # and email:
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Notes/Comments:

Do not write in this space – for Leave Administration use only
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Please email to Leave Administration at [hrs-payroll-reconciliation@ad.ufl.edu](mailto:hrs-payroll-reconciliation@ad.ufl.edu)