



EMPLOYEE COMPENSATION SERVICES
P.O. Box 246870 ● Sacramento, CA 95824-6870
(916) 643-9400 ● FAX (916) 399-2056

Jorge Aguilar, *Superintendent*
Rose Ramos, *Chief Business Officer*
Tanisha Turner, *Director II, Employee Compensation*

REQUEST FOR VACATION CASH OUT

DATE:	
TO:	Employee Compensation Department
FROM:	
LOCATION / DEPT:	
SSN (LAST 4 DIGITS) OR EMPLOYEE ID #:	
BARGAINING UNIT:	SEIU, TCS (formerly CSA, TEAMSTERS <i>(circle one)</i>)

SEIU: 8 Days

TCS: 10 Days

Teamsters: 8 Days

I am requesting for a vacation cash out of _____ day(s). I understand that requests submitted in writing to Employee Compensation. Payroll has 60 days to pay the requested vacation days out each fiscal year.

Print Name: _____

Employee Signature: _____

Return this form to the Employee Compensation Department, Box #772.