

Carolina Family Health Centers, Inc.

Carolina Family Dental Center • Freedom Hill Community Health Center • Harvest Family Health Center • Wilson Community Health Center

VACATION CASH OUT REQUEST FORM

In response to the Coronavirus, employees are able to cash out up to two weeks of vacation leave when they are within two pay periods of reaching the maximum vacation level.

The following conditions apply to this option:

- This is a temporary change to the policy, and employees will be notified when this option expires.
- Only vacation leave can be paid out using this form.
- Only hours which have already been accrued may be requested. Employees may not request future leave accruals which have not yet been earned at the time of the request.
- Must be within two pay periods of reaching the maximum vacation level.

If you would like to request vacation cash out, complete the section below and submit this form to Amber Dixon.

Employee Information

First Name: _____

Last Name: _____

Department: _____

Vacation Cash Out Payment Request

Number of Accrued Vacation Hours to Cash Out: _____ (Hours)

Requested Pay Date: _____

Certification

This form serves as my formal request to have the specified vacation leave hours paid out on the date indicated above. I understand that my leave balance will be decreased by the number of hours I have requested for payment and those hours will no longer be available for use as of the approval date by Payroll. I understand that this payment is subject to standard payroll deductions and is tax reportable. I also understand that the request for vacation cash out payment, once approved, is irrevocable.

Employee Signature: _____ Date: _____

FOR PAYROLL USE ONLY

Current Vacation Balance: _____

Approved: _____