
Karuk Community Health Clinic

64109 Hillside Road
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270

Karuk Tribe



Administrative Office

Phone: (530) 493-1600 • Fax: (530) 493-5322

Karuk Dental Clinic

64100 Hillside Road
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-1650
Fax: (530) 493-5364

64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

ANNUAL LEAVE CASH-OUT REQUEST FORM

Name: _____

Date: _____

Title: _____

I hereby request to **cash out** the following number of **Annual Leave hours**:

Hours Requested: _____

Please indicate regarding 401(k) contributions from this cash-out:

- I elect to contribute the eligible portion of this cash-out to my 401(k) plan.**
- I decline to contribute any portion of this cash-out to my 401(k) plan.**

Please consult with Payroll or your financial advisor if you have questions about 401(k) implications.

CHECK YOUR LAST PAYCHECK STUB FOR HOURS AVAILABLE

Approved

Denied

Signature of Supervisor: _____

Date: _____

Signature of Employee: _____

Date: _____

CERTIFICATION

I understand that this cash-out request is subject to approval and verification of accrued leave hours. I must have enough leave hours available to support this request. I also understand this payout will be subject to applicable taxes and deductions.