



**REQUEST FOR ANNUAL LEAVE PAY IN LIEU OF TIME OFF**

Employee Name: \_\_\_\_\_ Employee No: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Total Annual Leave hours requested: \_\_\_\_\_ (*Up to Maximum of 40 hours*)

***To be eligible for annual leave pay in lieu of time off, the following requirements must be met. Please check all that apply:***

- A minimum of 40 hours of annual leave has or will be taken during the current fiscal year (October 1<sup>st</sup> through September 30<sup>th</sup>).
- You will have the equivalent of two pay periods of annual leave in reserve (*160 hours for 80 hr. employees and 168 hours for 84 hr. employees*) **after** payment of the requested annual leave in lieu of time off.
- You have requested the annual leave pay in lieu of time off no later than July 31<sup>st</sup> for payment in November.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appointing Authority

\_\_\_\_\_  
Date

*For Internal Use Only*

Received by Commission Office \_\_\_\_\_ Entered into System \_\_\_\_\_