Personal Leave Cash-In Request

I am requesting a **Personal Leave Cash-In** in the amount of _____ Hours/Days.

PSEA – 6.20 – Personal Leave Cash in

A) A member may cash-in personal leave as long as the Member's personal leave balance after the cash-in is not less than one hundred sixty-eight (168) hours.

B) 2) Leave cash-in requests must be for a minimum of 5 days.

IAFF – 15.20 – Personal Leave Cash in

A An employee may cash-in personal leave if the following requirements are met:
1) The employee's leave balance after cash-in is not less than 27 days;
2) The request does not exceed 21 workdays per calendar year; and
3) The request is for a *minimum of 5 days.*

B 27 days is equal to:
1) 202.5 hours for an employee assigned to a 37.5-hour work week
2) 216 hours for an employee assigned to a 40-hour week
3) 303.4 hours for an employee assigned to a 24/48-hour duty cycle

C 21 days is equal to:
1) 157.5 hours for an employee assigned to a 37.5-hour work week
2) 168 hours for an employee assigned to a 40-hour week
3) 236 hours for an employee assigned to a 24/48-hour duty cycle

Unrepresented (11PR 012) & MEBA (9.22) – Personal Leave Cash In

(a) An employee may cash-in personal leave if the following requirements are met:
1) The request is for a *minimum of 5 days*; and
2) The employee's leave balance after cash-in is not less than 21 days

(b) 21 days is equal to:
1) 157.5 hours for an employee assigned to a 37.5-hour work week
2) 168 hours for an employee assigned to a 40-hour week
3) 236 hours for an employee assigned to a 24/48-hour duty cycle

***NOTE!* For part time employees, the equivalencies shall be prorated according to their established FTE.**

Administration

1) Application for personal leave cash-in shall be made in writing to the Payroll Office.
2) This form must be received **1 week prior to pay day** to be processed timely.
3) The personal leave cash-in does not count towards minimum leave use requirements.

I certify that I meet the requirements for this request.

Employee Name (print) _____ Department_____

Employee Signature_____ Date_____

Payroll Department_____ Date_____

Scan to: payroll.office@juneau.gov
At least 1 week prior to pay day for timely processing