

Personal Leave Cash-In Request

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

PSEA – Personal Leave Cash-in

(a) A member may cash-in personal leave in an amount not to exceed two hundred and forty (240) hours in a calendar year as long as the members personal leave balance after the cash-in is not less than one hundred sixty eight (168) hours.

Un-Represented, MEBA* & IAFF – 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 the cash-in is not less than 21 days;
- 2) The leave cash-in does not exceed the equivalent of 15 work days per calendar year; and
- 3) The leave cash-in request is for a minimum of 5 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

(c) 15 days is equal to:

- 1) 112.5 hours for an employee assigned to a 37.5 hour work week
- 2) 120 hours for an employee assigned to a 40 hour week
- 3) 168 hours for an employee assigned to a 24/48 hour duty cycle

***MEBA with additional holiday leave accrual per Article 9.1 – Personal Leave Cash-in**

(a) An employee may cash-in up to an additional 12 days of personal leave

(b) 12 days is equal to:

- 1) 90 hours for an employee assigned to a 37.5 hour work week
- 2) 96 hours for an employee assigned to a 40 hour week

Administration

- 1) Application for personal leave cash-in shall be made in writing to the Payroll Department
- 2) Leave cash-in will be included in the employees regular payroll check.
- 3) This form must be received **1 week prior to pay day** to be processed timely.
- 4) The equivalencies established shall be proportionately reduced for an employee assigned to work less than a full time schedule.
- 5) The personal leave cash-in does not count towards minimum leave use requirements.

I certify I meet the minimum requirements for this request.

Employee Name (print) _____ Department _____

Employee Signature _____ Date _____

Payroll Manager _____ Date _____

Scan to: payroll.office@juneau.org