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|  **COUNTY OF VENTURA** | **PAYROLL SERVICES****REQUEST FOR PAYMENT****OF****CASH IN LIEU OF LEAVE HOURS**  |  **OFFICE OF THE** **AUDITOR-CONTROLLER** |
| ***Return completed form to: Auditor-Controller, Brown Mail #1540 or AC.Payroll@ventura.org 805-654-2900*** |
| **FIRST NAME** | **M/I** | **LAST NAME** | **EMPLOYEE ID NO.** |
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| Employees may request to receive cash in lieu of leave hours twice during the calendar year. Eligibility requirements for these buydowns can be found in the applicable Memorandum of Agreement (MOA) between the employee’s union and the county, and may include a requirement to make an annual election in the preceding calendar year. For employees that are in unions which require an annual election to be made:1) Only leave hours accrued prior to the date of the payment in the calendar year for which an election is made may be considered for payment, unless an employee has submitted a “Notice of Intent to Resign” to the County Executive Office.2) Any elected hours that remain uncashed by December 1st will be automatically paid out to the employee by the Auditor-Controller prior to the end of that same calendar year. The Auditor-Controller reserves the right to determine final calendar year end payment dates. |
| I am requesting to receive Cash in Lieu of Leave for the following number of hours:  |  |
| Please specify the Paycheck Date you wish to receive payment on: |  |
|  |  |
| Please select one of the following check options: | ❑ On-cycle (included in regular paycheck) |
| *\*Note (1): Supplemental check requests received outside of the biweekly pay cycle will be taxed at the mandated withholding rates. By law, the Auditor-Controller must withhold taxes at the Federal and State mandated rates for all supplemental payments, irrespective of the employee’s requested withholding order of record in VCHRP.* | ❑ Off-cycle (separate supplemental check)(1) |
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| I am requesting to deposit my redemption proceeds into my eligible deferred compensation plan. **(Additional Form Required)** (2) | ❑ Deposit into Deferred Comp  |
| *\*Note (2): Requests to deposit redemption proceeds into an eligible Deferred Compensation plan must be coordinated with HR-Benefits, Deferred Compensation. Please allow 30-60 days for the redemption process to complete.* ***Please contact*** ***Deferred.Compensation@ventura.org******, (805) 654-2620.*** |
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| **EMPLOYEE SIGNATURE** | **DATE** |  | **PHONE NUMBER** |  |
| **FOR AUDITOR-CONTROLLER USE ONLY** |
| Union:  |  | Union adopted Cash in Lieu of Leave policy: | ❑ Yes | ❑ No |
| Max buydown limit: |  | Service hours: |  |  |
| Vacation hours taken in eligibility window: |  |  |
| Vacation hours accrued in current year: |  |  |
| Buydown hours in current year: |  |  |
| Notice of Intent to Retire received from CEO: | ❑ Confirmed |
| Employee qualifies for buydown: | ❑ Approved | ❑ Disqualified |
| Entered by: |  |  |
|  |  |  |
| Comments: |