

**APPLICATION DEADLINE: Tuesday, November 15, 2016, 5 P.M.**

**CAMPUS MAIL: A&FS PAYROLL SERVICES ♦ OR ♦ FAX: 530-754-4288**

The *Transition Assistance Program* offers affected eligible employees who are transitioning from a monthly to a biweekly pay cycle the option to receive an **Accrued Vacation Cash-out** to assist in meeting financial obligations during the transition to biweekly pay. Only one cash-out request can be made. All applications are subject to review for eligibility criteria. You will be notified if your application is denied.

**Please provide all of the following information. Incomplete and/or unsigned applications will be denied.**

NAME: \_\_\_\_\_ EMPLOYEE ID#: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ PAYROLL TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ WORK EMAIL: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

## Accrued Vacation Cash-out Request

Eligible employees may elect to receive a cash-out of accrued vacation to assist in the transition from monthly to biweekly pay. Transition Assistance Program guidelines:

- **You must have sufficient accrued vacation available to cover the requested cash out amount.**
- **Total cash-out request of vacation not to exceed 80 hours.**
- **Accrued vacation hours to be paid on December 1, 2016**

**NUMBER OF VACATION HOURS TO CASH OUT: \_\_\_\_\_**

Submission of this form serves as my formal request to have the specified vacation hours paid out.

I understand that the amount of vacation I elect to cash out will be immediately deducted from my accruals and no longer will be available for use.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

**Send completed form by Campus Mail to A&FS Payroll Services or fax to 530-754-4288.**

# Eligibility Criteria

Applicant must:

- Be an exempt employee who is converting from monthly pay to non-exempt, hourly biweekly pay

**AND, IF A STAFF MEMBER**

- Be a policy covered non-represented employee

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## FOR OFFICE USE ONLY

**Eligibility to participate verified by:**

\_\_\_\_\_  
A&FS PAYROLL SERVICES (PRINT NAME)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
A&FS PAYROLL SERVICES (SIGNATURE)

\_\_\_\_\_  
DATE

### Records Disposition

- Verified forms sent to Payroll Services for processing
- Office of Record: PAYROLL SERVICES
- Retention Schedule: 5 years