



REQUEST FOR VACATION/
ANNUAL LEAVE REDEMPTION

TO: Payroll

FROM: _____

EMPLOYEE #: _____

In accordance with my Memorandum of Understanding (MOU) or the City’s Administrative Manual Policy, I request pay in lieu of _____ hours of vacation/ annual leave.

Eligibility Certification:

I have at least five years of service with the City and meet the eligibility requirements as stated in my MOU, Resolution No. 15,289 or Resolution 15,285. I understand that the vacation/annual leave redemption check will be made available to me with the next regular pay check distribution provided this form is received in Payroll be established redemption deadlines.

Redemption requests are paid in July or December only in accordance with the City’s official pay period schedule.

Signature

Date

★★★ DO NOT WRITE BELOW THIS LINE ★★★

Department	_____	Calculation:	
# of Years	_____	Base:	_____
# of Hours	_____	Longevity: _____%	_____
Previously requested this calendar year	Yes No	Education: _____%	_____
Eligible for payout	Yes No	Bilingual:	_____
		Other:	_____
		Total:	_____