

**Wrangell Public Schools
Payroll
P.O. Box 2319
Wrangell, AK 99929-2319
907-874-2347**

Vacation Leave Cash Out Request Form

Employee Section: Complete this section, sign and date the form and forward to payroll.

(Last Name) (First Name)

Number of vacation leave hours to cash out: _____

Month to be paid (must be received by the 18th of the month): _____

I am submitting this request to cash out the vacation hours noted above pursuant to the salary agreement. My signature below indicates that I understand and agree to the following:

- Cash out payment is subject to the ordinary deductions and withholdings
- Once approved, this request is irrevocable

Requested by:

(Employee Signature) (Date)

For Administrative Use Only:

Balance before cash out: _____ - Hours cashed out: _____ = Balance _____

Hours cashed out: _____ x Hourly rate: _____ = Total Dollars: _____

Pay Month: _____ Code: _____

Superintendent's Approval:

Superintendent Signature) (Date)

Return to payroll by the 18th of the month; requests received after that date will be processed during the next payroll.