

VACATION CASH OUT REQUEST FORM

Please complete this form in its entirety and return to:

Alistair Winter, Assistant Vice-Chancellor of Human Resources
Rancho Santiago Community College District
2323 North Broadway, Santa Ana, CA 92706
(714) 480-7490

The following are procedures to follow to apply for Vacation Cash Out per Article 12.14 of the CSEA Agreement:

- 12.14 The District shall allow the cash-out of up to 50% of a unit member's annual vacation accrual in the event of documented hardship, upon joint approval of CSEA and the Chancellor.

Employee Name: _____ Employee I.D. Number: _____

Cell Phone #: _____ Home Phone #: _____ Employee Unit: ___ CSEA ___ Management

I am requesting a cash disbursement of _____ vacation days due to the following:

___ A serious illness or accident involving me or one of my dependents *(please provide a brief explanation, name of dependent and relationship to you below)*.

___ A loss of my property due to the following casualty *(please provide a brief explanation below)*.

___ Other similar extraordinary and unforeseeable event beyond my control *(please provide a brief explanation below)*.

REQUESTER/EMPLOYEE CERTIFICATION

I certify that the information provided on this form is true and accurate. I understand that providing false or inaccurate information may be cause for denial of my request and may subject me to disciplinary action.

Employee's Signature: _____ Date: _____

VACATION CASH OUT APPROVALS

CSEA *(if applicable)* Print Name: _____ Date: _____

Signature: _____ Approved ___ Denied ___

Chancellor or Designee *(Print Name)*: _____ Date: _____

Signature: _____ Approved ___ Denied ___