



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 or Resolution No. 15,039. 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 _____
of Years _____
of Hours _____
Previously requested Yes No
this calendar year
Eligible for payout Yes No

Calculation:
Base: _____
Longevity: _____ %
Education: _____ %
Bilingual: _____
Other: _____
Total: _____