Oregon Department of Corrections
AFSCME Security Vacation Payout Form

Employee Name	Employee ID **OR**
Date to be Paid:	
Number of Vacation Payout Hours Requested:	☐ 40 Hours ☐ 80 Hours ☐ 120 Hours
Agreement: According to the Agreement between AFSCME and DAS on behalf of the Oregon Department of Corrections, I hereby request a cash-out option of up to 120 hours of accrued vacation hours under the following conditions: a) Employee must have regular status at the time of the request to cash out vacation. b) Employee may cash out 40, 80, or 120 hours of accrued vacation (no other increments of time will be allowed.) c) Employee must have at least 40 hours of accrued leave after the cash out. d) Request to cash out must be submitted between January 1 and September 30 each year. e) Payment shall be at the employee's straight rate of pay. f) Employees on unprotected leave without pay status at the time of the cash is requested are not eligible to cash out accrued vacation hours.	
Employee Signature (below)	Date of Request (below)

***Payroll Only ***	
Date Form Received:	Date Payroll Processed:
Employee's Hourly Rate: _____	Vacation Balance Available at time of request: _____