**COMPTROLLER/PAYROLL**



**Date:** Click here to enter text.

**Department:** Click here to enter text. **Division:** Click here to enter text.

**REQUEST FOR VACATION PAYOUT**

**The following bargaining units/employee groups are eligible for “vacation payout” once per payroll calendar year:**

* **WCPAA - Attorneys (EE Group: AA)**
* **Confidential Attorneys (EE Group: CA)**
* **WCNA - Nurses (Non-Supervisory & Supervisory) (EE Groups: NN & OO)**
* **WCEA (Non-Supervisory & Supervisory) (EE Groups: WW & YY)**
1. Attorneys: Upon request, an employee may elect to receive a cash payment for no less than sixteen (16) hours and no more than forty (40) hours of accumulated vacation leave in each payroll calendar year. Such payment shall be made once per year, at the employee’s current base rate of pay, provided the employee notifies the department of such election on or before October 15. Requests for cash payment must be submitted in writing to the Comptroller’s Office and payment will occur within two (2) pay periods of receipt on the regularly scheduled pay date.
2. All Others: Effective 07/01/19, an eligible employee may elect to receive a cash payment for no less than sixteen (16) hours and no more than forty (40) hours of accumulated vacation leave in each calendar year. Such payment will reduce the employee’s accumulated vacation balance by the hours compensated and may be made only once per calendar year, at the employee’s current base rate of pay, provided the employee notifies their Department Head or designee and the Comptroller’s Office in writing of such election between July 1 through October 15 (for WCNA employees) or January 1 through October 15 (for WCEA employees). To be eligible, employees must have a minimum balance of one hundred twenty (120) hours of accumulated vacation leave at the time of the request, and be in a paid status. Payment will occur with two (2) pay periods of receipt on the regularly scheduled pay date.

**Requested Vacation Hours to be Paid (Between 16 – 40 hours):** Click here to enter text.

**Employee Name:** Click here to enter text. **EE SAP #:** Click here to enter text.

**Job Class Title:** Click here to enter text. **Bargaining Unit/EE Group:** Click here to enter text.

**Hourly Rate:** $Click here to enter text. **Current Vacation Balance:** Click here to enter text.

**Employee Signature:** Click here to enter text. **Date:** Click here to enter text.

(By typing your name here, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.)

Send completed form (do not PDF) to “Payroll” (Payroll@washoecounty.us). Copy your Department Head or designee and HR Representative.

**FOR COMPTROLLER/PAYROLL USE ONLY**

**Bargaining Unit/EE Group Verified:** Click here to enter text.

**Vacation Balance > 120 Hours Verified (except “AA” & “CA”):** Click here to enter text.

**Hourly Rate:** $Click here to enter text. **Current Vacation Balance:** Click here to enter text.

**Vacation Hours Processed:** Click here to enter text. **New Vacation Balance:** Click here to enter text.

**Processed by:** Click here to enter text. **PP# Processed/Check Date:** Click here to enter text.