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FOR OFFICE USE ONLY
Fiscal Year _____
Pay Period _____

Exhibit T

LEAVE TO CASH FORM

FISCAL YEAR (JULY 1ST THROUGH JUNE 30TH)

Employee Number

Date

Employee Name

Direct Deposit

Physical Check

I WISH TO DO THE FOLLOWING:

Annual Leave

_____ I certify that I have not cashed out annual leave in this fiscal year, therefore I wish to convert _____ hours (not to exceed 40 hours each fiscal year) or an employee working a 43-hour week (not to exceed 43 hours each fiscal year) of annual leave to cash.

_____ I wish to donate _____ hours of annual leave to the sick leave bank.

Sick Leave

_____ I certify that I have not used ANY sick leave from the first day of December through the 30th day of November and I wish to convert _____ hours (not to exceed 40 hours) or an employee working a 43-hour week (not to exceed 43 hours) of sick leave to cash.

Either / Or

_____ I certify that I have not used ANY sick leave from the first day of December through the 30th day of November and I wish to convert _____ hours (not to exceed 40 hours) or an employee working a 43-hour week (not to exceed 43 hours) of sick leave to annual leave.

Either / Or

_____ It is the month of December and I certify that I have 960 hours or an employee working a 43-hour work week having 1032 hours of sick leave and I have used no more than 2 days of sick leave from the first day of last December through the 30th day of November and I wish to convert _____ hours (not to exceed 3 working days) of sick leave to annual leave.

Employee Signature