

**Employee Name****GEMS ID****Emp Record Number****Department Number****Hourly/Biweekly Pay****Combo Code Override***(if different from normal distribution)***Type of leave being cashed out***(check all that apply)***Regular****Special****Reason for cash out***(check all that apply)***Accrued Hours Cashed Out****Accrued Hours Over 120** *(for Regular Comp payout)***Department Change****Position Change** *(employee no longer eligible for this leave type)***Regular Comp Cash Out** **Period Covered****To****Regular Comp Hours to be Paid****Special Comp Cash Out** **Period Covered****The oldest hours earned will be used first****Hours older than 11 months:****To****Earned within last 11 months:****To****Special Comp Hours to be Paid****Older than 11 months:****Within 11 Months:**

***I certify that I have examined the records for this employee for the time period indicated and that the amount of compensatory leave hours certified for payment above is accurate as reflected in the employee's official leave records. I further certify that the employee is eligible for this payment in accordance with the applicable rules and policies.***

**Prepared By****Date****Email/Phone****Certified By****Date****Email/Phone**