

Submit to: UCO\_Payroll\_CERTS@usf.edu

Employee Name

GEMS ID

Emp Record Number

Department Number

Hourly/Biweekly Pay

Combo Code Override

*(if different from normal distribution)*

Reason for cash out

*(check all that apply)*

Accrued Hours Cashed Out

Department Change

Position Change *(employee no longer eligible for this leave type)*

Special Comp Hours to be Paid

*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