

Sussex County Community College

Application for Vacation Cash-Out Program

Employee Portion		
Employee Name (print):	Department Name:	Campus Phone No.:
Union Group: <input type="checkbox"/> Professional Staff <input type="checkbox"/> Professional Support Staff <input type="checkbox"/> Non-Union Staff		
Maximum Days: 5 days vacation cash out per fiscal year Hours: Up to 35 hours per fiscal year for employees working 7 hours/day Up to 40 hours per fiscal year for employees working 8 hours/day		
Employee Signature:		Date:
Administrative Portion		
Vacation Balance as of October 1 st : # Hours:	Supervisory Approval, Printed Name Below: (Approval Signifies agreement of Vacation Bal.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Human Resources Portion		
Employee ID:		
Cash-Out Calculation:		
_____ Cash-Out Hours X \$ _____ Hourly Rate = \$ _____ Gross Cash-Out Amount		
HR Approval <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Approved Denied </div>		

DIRECTIONS:

- Employee send approved original Cash-Out form to Human Resources, Building D, Room 313 by October 1st
- HR completes the Cash-Out calculation and provides a copy for the employee, their supervisor and their personnel file
- HR provides the appropriate information to payroll.