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**FOR OFFICE USE ONLY**  
Fiscal Year \_\_\_\_\_  
Pay Period \_\_\_\_\_

Exhibit T

# LEAVE TO CASH FORM

FISCAL YEAR (JULY 1<sup>ST</sup> THROUGH JUNE 30<sup>TH</sup>)

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Department

## 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 30<sup>th</sup> 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 30<sup>th</sup> 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 30<sup>th</sup> day of November and I wish to convert \_\_\_\_\_ hours (not to exceed 3 working days) of sick leave to annual leave.

\_\_\_\_\_  
Employee Signature