



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF HUMAN RESOURCE MANAGEMENT**



**ANNUAL LEAVE PAYOUT FORM**

Date: \_\_\_\_\_

EIN: \_\_\_\_\_

Name: \_\_\_\_\_

Title Code: \_\_\_\_\_

Department: \_\_\_\_\_

CBA: \_\_\_\_\_

Annual Leave Balance: \_\_\_\_\_

- Up to 40 hours may be used in May, November, or both, with a maximum of 40 hours per month
- Up to 80 hours in either May or November (FOP ONLY)

I, \_\_\_\_\_, request to have \_\_\_\_\_ hours of Annual Leave paid out.

Completed forms must be submitted to the Department’s Payroll Clerk no later than the last business day of the month preceding the desired cash out month (e.g., April 30 for May cash outs; October 31 for November cash outs).

The employee must have a remaining balance greater or equal to two hundred (200) hours of banked Annual Leave after the cash out.

Late submissions will not be processed and will require resubmission during the next eligible period.

Employee’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVED**

**DENIED** – The employee’s request does not meet the eligibility criteria. Either the employee will not retain a minimum balance of 200 hours following the requested payout, or the request was not submitted in time to be processed for payment in the applicable month.

Department Pay Clerk Signature: \_\_\_\_\_

Date: \_\_\_\_\_