TEMPLATE <Agency Header>

Request for 24-Hour Annual Leave Payout for Career Service Employees

Agency Name:

Employee Name: _____

People First Login ID:

I am requesting to be paid for ______ hours of annual leave (maximum 24 hours – please use whole numbers). I understand that after this payout I must still have a balance of at least 24 hours of annual leave, and this payout will be counted towards my 240-hour lifetime maximum.

Please check each of the following categories to confirm eligibility for this payment:

- I understand that I must have attained permanent status in my current position with the State of Florida to be eligible for payment and that I must also have permanent status at the time the payout is processed.
- I certify that I will have an annual leave balance of at least 24 hours after payout of the above requested hours.
 - I certify that I have not been paid the lifetime maximum of 240-hours and payment of the hours requested above will not cause me to exceed the allowable 240-hours.
 - I certify that I understand the payout may impact future retirement benefits for Florida Retirement System (FRS) Pension Plan members. Average Final Compensation (AFC) for Pension Plan members is determined by averaging the employee's highest fiscal years (five years for employees enrolled in the FRS prior to July 1, 2011, and eight years for employees enrolled in the FRS on or after July 1, 2011) of compensation earned during covered employment. Because the AFC only includes leave payouts received during the highest fiscal years of compensation, there could be a reduction in retirement benefits when a 24-hour payout is received. Note: FRS Investment Plan member benefits will not be impacted if the member receives a 24-hour annual leave payout.

Employee Signature

Date

This is to certify that the above employee is eligible to participate in this program.

Human Resources Signature