**CASHING OUT LEAVE REQUEST FORM**

**Employee to complete this section:**

I request that I be permitted to cash out an amount of leave in accordance with the following instructions:

I be paid the amount $ being the amount equivalent to hours of Annual Leave/ Personal Leave/ Long Service Leave. <circle applicable option>

I request that I be paid this amount in lieu of me taking this leave.

I understand that in accepting payment in accordance with this request, I will no longer have any claim to the amount of hours of leave that has been cashed out in accordance with this request.

I acknowledge that I have made this request to cash out leave without any undue influence or pressure to make this request. I also acknowledge that my employer has not required me to make this request to cash out leave.

Print name (Employee) Signature (Employee)

Date

**Employer to complete this section:**

Request to cash out leave: ❑ Approved ❑ Not Approved

**Authorised By:**

Print name (Employer) Signature (Employer)

Date

**Office Use:**

Comments:

|  |  |  |
| --- | --- | --- |
| **Action** | **Date** | **Initials** |
| Payroll Entered |  |  |
| Leave History Entered |  |  |