NORTH OGDEN CITY
— SETTLED 1851 —

505 E. 2600 N. North Ogden, UT 84414
[O] 801-782-7211 | [F] 801-737-2219
Email kgerard@nogden.org
www.northogdencity.com

LEAVE TO CASH FORM
FISCAL YEAR (JULY 1 THROUGH JUNE 30)

Employee Number _____

Employee Name _____

Date _____

☐ Direct Deposit
☐ Physical Check

Annual Leave

☐ I want to convert _____ hours of annual leave to cash. Full-time not to exceed 40 and part-time not to exceed 20. I certify that I have at least 80 hours in each category as a full-time employee or 40 hours in each category as a part-time employee.

☐ I want to convert _____ hours (not to exceed 40 hours for full-time employees each fiscal year) and add funds to my:
- ☐ Health Savings Account (HSA) – not to exceed annual IRS max contribution

☐ I want to donate _____ hours of annual leave to the sick leave bank.

Sick Leave

☐ I want to convert _____ hours of sick leave to cash. Full-time not to exceed 40 and part-time not to exceed 20. I certify that I have at least 80 hours in each category as a full-time employee or 40 hours in each category as a part-time employee.

☐ I want to convert _____ hours (not to exceed 40 hours for full-time employees each fiscal year) and add funds to my:
- ☐ Health Savings Account (HSA) – not to exceed annual IRS max contribution

I agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

_____
Employee Signature

_____
Date

_____
HR has confirmed balance hours per policy

_____
Date