

PAY IN LIEU PROGRAM

Name: _____

Department: _____

Personnel #: _____

I am a permanent employee of San Luis Obispo County and:

[Select Appropriate Line]

____ I am in the Clerical, Public Services, or Supervisory unit represented by SLOCEA or in the Trades, Crafts and Services unit represented by SLOCEA with a minimum balance of 200 vacation hours

____ I am a Management or Confidential employee with a minimum balance of 200 vacation hours.

____ I am a Law Enforcement Operations and Staff Management employee or a Law Enforcement General Management employee with a minimum balance of 200 vacation hours.

____ I am a County Counsel Attorney or Government Attorney employee with a minimum balance of 200 vacation hours.

____ I am a Probation Officer, a Juvenile Services Officer or a Supervisory employee with a minimum balance of 200 vacation hours.

____ I am a Deputy Sheriff with a minimum balance of 200 vacation hours.

Additionally, all employees must have used at least 40 hours of vacation in the current fiscal year in order to be eligible for this program

Total Vacation Hours Available: _____ (min. 200 hrs)

I wish to sell back _____ vacation hours (40 hrs maximum per each fiscal year). I understand this transfer will be effective the pay period following the receipt of this form by the Auditor-Controller's Office.

This request can only be processed one time per fiscal year

Employee Signature: _____ Date: _____