



Syracuse City Corporation
EMERGENCY PREPAREDNESS CASH OUT FORM

SYRACUSE
EST. CITY 1935

Date Submitted: _____

Employee Information

Name: _____ Employee Number: _____

Department: _____ Job Title: _____

Request Details

Cash Out Sick Leave
Dollar Amount Requesting: _____

Cash Out Vacation Leave
Dollar Amount Requesting: _____

Items Purchased: _____

Employee Signature: _____

Approval Signatures:

City Manager: _____

Department Head: _____

Administrative Services Director: _____

Human Resources: _____

For HR Purposes Only:

Hourly Rate of Pay: _____

Number of Sick Leave Hours being Cashed Out: _____

Number of Vacation Leave Hours being Cashed Out: _____