



CITY OF SANTA ANA

FORMER FIRE STAFF CASH-OUT REQUEST

NAME	FORMER EE NUMBER
DEPARTMENT	CONTACT PHONE NUMBER
FIRE DEPT	

- I request to cash-out all remaining vacation and sick leave, which transferred to OCFA on 4/20/2012.
- I request to leave any remaining vacation and sick leave, which transferred to OCFA on 4/20/12, until further notice.

UNIT (check one)	<input type="checkbox"/> FBA	<input type="checkbox"/> FMA
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TYPE OF CASH-OUT REQUESTED (check all that apply)	REQUESTED HOURS OF CASH-OUT	COMMENTS
SA SICK HRS		
SA GENERAL HRS		

Employee's Signature

Date

- Check to update your address with the City. Your check will be mailed to most recent address in Payroll system

Street Address

City State Zip

Please return forms to Payroll Dept
20 Civic Center Plaza M-46 Santa Ana, CA 92702
Fax (714)647-5633
Or email forms to: MAIcaraz@santa-ana.org

CITY PAYROLL USE ONLY						
DATE RECEIVED:						
PC	BANK	HRS	CURR YR ERN	BAL PRIOR TO CO	BAL AFTER CO	COMMENTS
	SICK HRS					
204	VAC REG					
BY:	PR PERIOD:	DATE ENTERED:				