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## STATE OF ALASKA

## LEAVE CASH-IN REQUEST

EMPLOYEE NAME (LAST, FIRST MI)	BARGAINING UNIT	DEPT NO	EMPLOYEE ID NUMBER

NO. OF HOURS REQUESTED FOR LEAVE CASH-IN (HH:MM)	
LEAVE TYPE	

COMMENTS

EMPLOYEE'S EMAIL ADDRESS

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EMPLOYEE SIGNATURE

*(NOT REQUIRED IF REQUEST IS SUBMITTED FROM EMPLOYEE'S WORK EMAIL)*

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DATE

SUBMIT LEAVE CASH-IN REQUEST

Please refer to the information on the **Leave Cash-In** Information webpage using the link below for instructions on how to submit your request, information about specific bargaining unit restrictions, and detailed field explanations.

LEAVE CASH-IN INFORMATION