

**LCDSC EMPLOYEE UNIT
PAYMENT IN LIEU OF HOLIDAY REQUEST**

EMPLOYEE INSTRUCTIONS:

Pursuant to the agreement between Livingston County and the Livingston County Deputy Sheriffs Coalition (LCDSC) full-time, permanent employees may make a request for payment in lieu of holidays one (1) time per calendar year.

This request may be for any number of holidays that the employee accrued and retained during that calendar year prior to the date of the employee's request. Employees who wish to receive payment in lieu of holidays must complete this form and submit it to the Sheriff no less than fourteen (14) calendar days prior to the date on which the employee desires payment. Payments will be made through the normal payroll process.

EMPLOYEE REQUEST:

I submit this request for the purpose of requesting cash payment for earned holiday time. I understand this will be deducted from my accrued holiday hours and paid in a lump sum during a regularly scheduled pay period. I request payment for _____ hours of my earned holiday time.

Employee's Full Name (PRINT)	
Employee's Signature	
Employee's Job Title	
Date of request	

[After completion of the "Employee Request" section, the employee provides the form to the Sheriff.]

SHERIFF ACKNOWLEDGEMENT OF TIMELY RECEIPT:

Livingston County Sheriff Signature	
Date	

[After completion of this section, the Sheriff forwards the request to the Human Resource Department.]

HUMAN RESOURCE DEPARTMENT REVIEW:

Requested payment is:

- Approved. Payment to be made in pay period ending _____.
- Partially approved. The hours approved for payment are: _____ The employee is not eligible for the payment of additional hours. Payment to be made in pay period ending _____.
- Disapproved. The employee is not eligible for payment.

HR Department Representative Name (PRINT)	
HR Department Representative Signature	
Date	

[The HR Department retains the original request, then sends an electronic copy of the completed document to the Sheriff's Department.]