OHIO TURNPIKE COMMISSION

REQUEST FOR PAY IN LIEU OF VACATION

TO: Payroll Department

FROM: _____ _____ _____ _____/_____

Name **Employee ID** **Unit Number** **Salary/Hourly**

I hereby request _____ hours pay in lieu of vacation leave.

Hours

In making this request, I understand that payments for vacation leave will not be granted more than twice in any one payroll year; and that the total of these requests cannot exceed the vacation leave earned during the preceding year.

I also understand that payments will be made at the current rate of pay and will be added to my regular earnings. These payments will be subject to all applicable withholding taxes. ***The vacation payment will be subject to the applicable supplemental rates for federal and state tax taxation.***

If applicable, to ensure that your request is processed properly, please indicate if you have made previous arrangements with the Ohio Public Employee Deferred Compensation Program to have part or all of this payment deferred to the program through payroll deduction on _____ by checking this box. **YES** ☐

Date

_____ _____

(Date) **(Signature)**

NOTE: Payment for vacation leave will be made as soon as administratively possible.

[FOR PAYROLL USE ONLY]

Run ID: _____

Payroll Group: _____

Period Ending: _____

Tax Code: _____

Code [MVAC] - Accum3 PYHR Vacation Accrual: _____

Code [MVAC1] – Accum4 PYHR Vacation Accrual: _____

Less Code 800 - YTD Hours Paid: _____

Equal Hours Eligible to Purchase: _____

Code 200 – Accum3 LTD Balance Available: _____

Hours Paid in Lieu of Vacation (not to exceed MVAC Accum3/MVAC1 Accum4): _____

Previous Pay in Lieu of Vacation = Run ID: _____

Entered by: _____ Date: _____