

**2019 OVER40 COMP TIME II
CASH-OUT ELECTION FORM**

This form must be filed with your agency personnel office between October 14, 2019 and October 28, 2019.

Name: _____

Title: _____ NYS EMPLID: _____

Agency or Facility: _____

I elect to exchange _____ hours (up to 120 hours) of previously earned and accrued Over40 Comp Time II credits in return for cash compensation payable in the payroll check issued closest to December 1. Payment will be made at my straight-time rate of pay based on my regular base salary as of the last day of the payroll period for which that paycheck is issued.

I understand that such compensation will not become part of my basic annual salary.

I understand that the Over40 Comp Time II credits that I elect to cash-out will be deducted from my time record as of the date my agency personnel office receives this election form.

I understand that in order to participate, this completed election form must be filed with my agency personnel office by close of business **October 28, 2019**.

Signature: _____ Date: _____

For Agency Personnel Office Use Only:

Total number of hours cashed out: _____

I certify that the employee's Over40 Comp Time II balance was reduced to reflect this cash-out.

Name: _____ Title: _____
(Please print)

Signature: _____ Date: _____