

**⚠ This form must be opened in Adobe Acrobat or Adobe Reader.  
Some features will not work in a browser or preview window.**

STATE OF ALASKA		LEAVE CASH-IN REQUEST		
EMPLOYEE NAME (LAST, FIRST MI)		BARGAINING UNIT	DEPT NO	EMPLOYEE ID NUMBER
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
NO. OF HOURS REQUESTED FOR LEAVE CASH-IN (HH:MM)	<input type="text"/>	COMMENTS <input type="text"/>		
LEAVE TYPE	<input type="text"/>			
		EMPLOYEE'S EMAIL ADDRESS <input type="text"/>		
<input type="text"/>		<input type="text"/>		
EMPLOYEE SIGNATURE <i>(NOT REQUIRED IF REQUEST IS SUBMITTED FROM EMPLOYEE'S WORK EMAIL)</i>		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**