

**UNIVERSITY OF CALIFORNIA, SANTA BARBARA
2024-25 TRANSITION ASSISTANCE VACATION CASH-OUT PROGRAM
APPLICATION FORM**

Name: _____ Employee ID#: _____

Payroll Title: _____

Department: _____ Phone number: _____

The UC Santa Barbara 2024-25 Transition Assistance Vacation Cash-Out Program offers eligible employees who are transitioning from a monthly to a biweekly pay cycle an option to assist them in meeting their financial obligations during the transition period. Affected eligible employees may apply for a vacation accrual cash out payment. Completed and signed applications should be submitted to ap-inquiry@ucsb.edu.

Deadline for submission: June 30, 2024

This section to be completed by employee.

Note: A maximum of 80 hours may be cashed out.

I, _____, authorize a cash-out of _____ hours from my existing vacation accrual balance. I understand that my vacation accrual balance will be reduced by the number of hours I have authorized.

Signature

Date

This section to be completed by the Academic Personnel Office:

Eligibility to participate verified by: _____

Fund Source: _____