

**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](mailto:ap-inquiry@ucsb.edu).

**Deadline for submission: December 6, 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: \_\_\_\_\_