



REQUEST TO CASH OUT LEAVE

I, (name) _____,

Request and understand the tax implications for the following to be cashed out: (Please indicate)

Annual Leave **Long Service Leave**

PQSA/HomeCare+ and the worker _____ agree to the worker cashing out a worker's Annual Leave / Long Service Leave.

- The long service leave to be cashed out is: _____ full weeks.
- The annual leave to be cashed out is: _____ hours.

This request is made in conjunction with PQSA policy.

Signature of worker: _____ Date signed: ____/____/____

Initial Approval

Name of Manager: _____

Signature of Manager: _____ Date signed: ____/____/____

Final Approval

Signature of CEO: _____ Date signed: ____/____/____