



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration
Division of Human Resources

APPENDIX B REQUEST FOR PAYMENT OF PAY REDUCTION "PR" LEAVE

Employees may elect cash payment for this leave in the fiscal year beginning July 2010 and until June 15, 2012 (to be paid by June 30, 2012).

No request received after 4:00 p.m. on June 15, 2012 will be processed. Such leave not discharged or elected for payment shall be lost.

FROM: _____
(Employee Name – Please Print)

I am hereby electing cash payment for the Pay Reduction "PR" Leave accrued to me in accordance with the FY 2009 Pay Reduction in addition to my regular biweekly earnings.

I understand that payment shall be made for a full day (or as a pro rated full day for part time employees) and shall not be paid in increments.

I understand that I shall receive payment of this leave at the straight time hourly rate in effect at the time of payment; that all applicable taxes will be deducted accordingly; and no payroll deduction shall be made for retirement or group life insurance.

I acknowledge that once selected, this election may not be changed.

Employee Signature

Date

Employee Social Security or ID#

Employee Payroll Account#

Submit this completed form to your human resources office/service center. Upon receipt, this request will be processed for payment in the next available paycheck.

Payroll Note: The exception code for the payment of this leave on the payroll shall be reported as "RP".