

California Department of Fish and Wildlife
Human Resources Branch
Human Resources Memorandum

SUBJECT: 2016 Excluded Employee Leave Buy-Back	NUMBER: HR 16-014
	DATE ISSUED: April 29, 2016
DISTRIBUTION: Excluded Employees	EXPIRES: N/A

The California Department of Human Resources (CalHR) and the Department of Finance have authorized an Excluded Employee Leave Buy-Back Program for fiscal year 2015-16.

The Department of Fish and Wildlife has agreed to participate in the Excluded Employee Leave Buy Back Program.

Leave Buy-Back means that eligible employees in participating departments may receive payment at their regular salary rate in exchange for unused leave credits. For the purpose of the buy-back program, eligible leave may be a combination of vacation leave, annual leave, personal leave [personal leave 1992, 2003, 2010/11/12 and voluntary personal leave (VPLP)], personal holiday, or holiday credit.

Employees designated Exempt, Managerial, Supervisory, Confidential or otherwise excluded from collective bargaining in one of the below identifier codes are eligible to participate in this program.

- Exempt or Managerial - Exempt/M/E59/E79/E99
- Supervisory - S/E48/E58/E68/E78/E98
- Confidential and otherwise excluded from bargaining - C/E67/E77/E97

Eligible employees may elect to cash out up to a maximum of 80 hours of unused leave. An employee may only participate in this excluded employee leave buy-back program once during this fiscal year.

Employees cannot exceed the 80 hour cash out limit.

Regional employees must return the election form to their Regional Personnel Specialist by June 3, 2016 in order to participate in the Excluded Employee Leave Buy-Back Program for Fiscal Year 2015-2016. In order to participate, headquarters employees must return the election form to Catherine.SooHoo@wildlife.ca.gov by June 3, 2016. The Human Resources Branch (HRB) is requesting for all employees to select whether they will or will not to participate in the Buy-Back Program.

For tax purposes, payments will be ordinary income in the month that payment is made. Tax withholding rates for this buy back will be: (a) Federal Tax, 25.0%; (b) State Tax, 6.6%; (c) FICA, (if applicable), 6.2%; and (d) Medicare, (if applicable), 1.45%, for wages or compensation in excess of \$200,000 in the calendar year additional Medicare 0.09% will be withheld. Payments under this cash out program are subject to garnishments, if applicable.

If you have any questions, please contact Cathy SooHoo at (916) 653-9075 or Catherine.SooHoo@wildlife.ca.gov.

2016 Excluded Employee Leave Buy-Back Request Form

1. Employee Name: 2. Division/Facility:

3. Classification:

4. Employees must return this election form to the personnel office by in order to participate in the Excluded Employee Leave Buy-Back Program for fiscal year 2015-16. Employees who elect not to participate must also return the form.

Employees designated Exempt or Managerial (Exempt/M/E59/E79/E99), Supervisory (S/E48/E58/E78/E98), or Confidential and otherwise excluded from bargaining (C/E67/E77/E97) may elect to buy back/cash out up to a maximum of 80 hours of unused leave.

5. Please choose the applicable election option below:

- I elect not to participate in the Excluded Employee Leave Buy-Back Program for fiscal year 2015-16.
- I elect to participate in the Excluded Employee Leave Buy-Back Program for fiscal year 2015-16 and certify that I have the available leave balances.

I request to cash out the following:

Vacation: Annual Leave: PLP 1992: PLP 2003:

PLP 2010/11/12: Voluntary Personal Leave (VPLP): Holiday Credit:

Personal Holiday (converted to hours): Total Hours to be cashed out:

Payments made in 2016 will be included in W-2 forms for Tax Year 2016. Payments will not be subject to deductions for retirement. Payments will be subject to the following deductions/withholdings:

- Federal Tax Withholding: 25%
- State Tax Withholding: 6.6%
- FICA (if applicable): 6.2%
- Medicare (if applicable): 1.45%

Note: For wages or compensation in excess of \$200,000 in the calendar year, an additional 0.09% Medicare deduction will be withheld.

6. I make this election freely and voluntarily and hereby waive any right to change the option selected once processing begins.

Signature of Employee	Employee Name (Printed)	Telephone Number	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

cc: , Employee's Supervisor