

Request for Payout**Name:** _____**Employee ID:** _____**Department:** _____**Division:** _____

I request to have the following hours paid out:

_____ Time Off in Lieu (TOIL)

_____ Other (please specify): _____

I certify that I have sufficient balance to cover the request.

Employee's Signature: _____ Date: _____

To be completed by Department (MOS/Marine Service Employees only)Rate at which TOIL to be paid (**MOS Employees only**): _____Employee has sufficient balance to support the request (**Marine Service employees only**): ☐ Yes ☐ No
(If no, the form should be returned to the employee and the employee advised of the number or hours he/she has. If yes, the number of hours should be deducted and the form forwarded.)

Completed by: _____ Date: _____

To be completed by Department (DM/Delegate)*Certified for payment in accordance with S.30(1) of the Financial Administration Act. I have verified that (for a MOS employee only) the rate at which TOIL is to be paid has been recorded above.*

Deputy Minister/Delegate: _____ Title: _____ Date: _____

To be completed by Compensation and Payroll Services**Leave Management**Employee has sufficient balance to support the request ☐ Yes ☐ No

(If no, the number of hours the employee has available should be recorded in the comments section and the form returned to the employee. If yes, the number of hours should be reduced and the form forwarded to processing.)

Comments: _____

Signature: _____

Date: _____

Payroll Specialist

Signature: _____

Date: _____

Request for Payout (OCG-804) Instructions

In order to be compensated with pay for Time off in Lieu (TOIL) or another leave type (in accordance with your Collective Agreement or Human Resource Policies) an employee must complete a “Request for Payout” form (OCG-804).

- Employees are responsible for completing the form, ensuring that their name, employee ID number, Department, Division and the number of hours are filled in.
- Employees are responsible for ensuring that they have a sufficient balance to support the request and the request is in accordance with their Collective Agreement or Human Resource Policies. A copy of the *Request for Payout* form should be retained by the employee to aid him/her in the reconciliation of his/her balance and/or to ensure payment received.
- For employees in the Maintenance and Operations (MOS) Collective Agreement, Departments must record the rate of pay at which the employee’s TOIL is to be compensated at.
- For Marine Services employees, the Department must verify if the employee has sufficient balance to support the request and reduce the balance accordingly.
- The form is to be approved for payment by the employee’s Deputy Minister or Delegate (Authorized Signing Officer). The original approved form should not be returned to the employee instead it should be forwarded by the approver to the Compensation and Payroll Services Division for processing.
- Forms should be forwarded to Compensation and Payroll Services by their scheduled cut off dates (schedule can be found (<http://www.intranet.gov.nl.ca/docs/default.asp>)). Please note that while Compensation and Payroll Services work to honour deadlines, we ask that you submit your information as early as possible to avoid a high volume of submissions on deadline days. High submission volumes may lead to delays in processing. Forms received after cut off will not be processed until the following pay period.

A copy of this form can be found on the Public Service Network site (<http://www.intranet.gov.nl.ca/docs/default.asp>) or by contacting the HR Service Centre. Any questions in completing this form can be directed to the HR Service Centre.

Contact Information:

HR Service Centre

E-mail: HRServiceCentre@gov.nl.ca

Phone: 709-729-7690 or 1-888-729-7690

Mailing address:

HR Service Centre
Ground Floor, West Block
PO Box 8700
St. John’s, NL
A1B 4J6