**Pay in Lieu Authorization Form**

In the following circumstances, an employee may be paid in lieu of vacation: upon retirement, termination or conversion from Regular to Non-Regular status; Leaves of Absence extending through year-end; if covered by Rotational International Assignment (RIA) provisions of the Expatriate Guidelines; while on half pay or no pay Short-Term Disability status; or as required by law.

To request payment, fill out form, obtain appropriate approval and submit it to the Payroll Services Specialist. (For use only by timekeeper or personnel with appropriate payroll authority)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Personnel Number:** |  |  | **SSN:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Name:** |  | **First Name:** |  | **M.I.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel Action:** |  | **Effective Date:** |  |

|  |  |  |
| --- | --- | --- |
| **Payment in Lieu of Notice:** |  | **Hours** |

|  |  |  |
| --- | --- | --- |
| **Payment in Lieu of Contract:** |  | **Hours** |

|  |  |  |
| --- | --- | --- |
| **Payment in Lieu of Vacation:** |  | **Hours** |

Note: Please convert days into hours by taking the total remaining days times the daily work schedule hours. (Example: 30 vacation days remaining x 8 hour day = 240 hours vacation to be paid)

*By signing below, I acknowledge that the employee’s vacation quota is in compliance with the U.S. Vacation Guidelines. Please refer to “**Vacation eligibility following a disability absence” and “**Vacation to supplement half-pay or no-pay short term disability status” guidelines.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Originator:** |  | **Phone:** |  | **Date:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Approver:** |  |  |  |  |  |

Signature Printed Name Date

Note:

* Pay in Lieu of Vacation: Approver must be the actual direct Supervisor / Manager, SHARP Timekeeping Approver or Site HR Manager**. The approver acknowledges that the employee has earned the vacation for which the PIL is requested.**
* Pay in Lieu of Notice and Pay in Lieu of Contract: Approver must have DOAG approval

Please send form via e-mail to your U.S. Payroll Services Specialist (contact listing can be found at U.S. Payroll Intranet). If electronically approved, email should be sent by the approver directly to the Payroll Services Specialist. If you have questions, please contact the SHARP Timekeeping Hotline at 1- 800-262-2363 or 713-680-5858, choose option 1, 1, 1, 2 or send an e-mail to Sharp-Timekeeping-Hotline@exxonmobil.com.

If unable to use e-mail delivery option, please send the form by regular mail to:

Interoffice Mail: B.A. BSC 9th. Floor

|  |  |
| --- | --- |
| Attn: |  |

U.S. Mail/Express Mail

W.06.S174, 1735 Hughes Landing Blvd.,

The Woodlands, TX 77380

|  |  |
| --- | --- |
| Attn: |  |

Please address your mail or email