

Terminal Leave Payout Request Form

_____ *Cable County* _____

Employee Name: _____ Employee ID #: _____

Agency/Org. #: _____ Date of Termination: _____ Hourly Rate: _____

(Check One)
56 hour employee? () No () Yes Date of Hire: _____ Date of Birth: _____

Annual Leave

ANNUAL LEAVE HOURS TO BE PAID AT TERMINATION: _____ *

*Check one

Cannot exceed 240 hrs. (360 hrs. for 56-hr) for employees with less than 10 years of service ()

Cannot exceed 480 hrs. (720 hrs. for 56-hr) for employees with more than 10 years of service ()

Deposit annual leave into ICMA-RC 457 Deferred Compensation Account \$ _____ or _____ %

Sick Leave

In order to be eligible for a sick leave payout, the employee must be retiring from the County at the minimum age of 60 and a minimum of 10 years of full-time service.

SICK LEAVE HOURS TO BE PAID AT TERMINATION: _____

(Cannot exceed 480 hours or 720 hours for 56-hr employee)

Deposit sick leave into ICMA-RC 457 Deferred Compensation Account \$ _____ or _____ %

EMPLOYEE SIGNATURE DATE

DEPARTMENT HEAD SIGNATURE DATE

For Human Resources Department Verification Only:

Annual Leave: _____ Hours Verified _____ Service Verified _____
Sick Leave: _____ Hours Verified _____ Service Verified _____ Age Verified _____

Verified by: _____
Human Resources Representative Date