



UNIVERSITY OF WASHINGTON

# EMPLOYEE SEPARATION PAYMENT AUTHORIZATION

- Original to Payroll, 359555
- Copy to Benefits, 359556
- Copy to Human Resource, see below
- Copy to Department
- Copy to Employee

Employee Name							EID Number		
Job Classification Code			Classification Title						
Unit No.		Department Name					Retirement Plan		
Separation Date	Month	Day	Year	FTE	Full Time Rate	Sick Leave Balance at Separation		Monthly Accrual Rate	
					\$ _____				

Type of Action

### TO BE COMPLETED BY DEPARTMENT

TYPE OF PAYMENT	LEAVE BALANCE	BUDGET NUMBER(S)	EARNINGS TYPE	DETAILS
<b>1. PERS 1</b>				
A. Vacation Leave Earned in Last 24 Months of Employment			ALP	PERS 1 annual leave balance up to 240 hours earned in the last 24 months.
B. Vacation Leave Earned Prior to Last 24 Months of Employment			OLP	PERS 1 annual leave balance up to 240 hours earned prior to the last 24 months. Should be verified with HR Operations Office before use.
C. Vacation Leave in Excess of 240 Hours			XLP	PERS 1 annual leave in excess of 240 hours for classified staff who have not reached anniversary date and librarians who have not reached 288 hours.
<b>PERS 1</b> TOTAL VACATION HOURS				Total PERS 1 annual leave balance eligible for payment. Please note Professional Staff Payment may not exceed 240 hours.
<b>2. ALL OTHER RETIREMENT PLANS</b> TOTAL VACATION LEAVE			XLP	Total annual leave balance eligible for payment for all other retirement plans. Please note Professional Staff payment may not exceed 240 hours.
<b>3. COMPENSATORY TIME</b> (specify dates and amounts earned)			CTP	Total compensatory time eligible for payment.
<b>4. PAY IN LIEU OF NOTICE</b> (Only with UW SEIU 925 or WFSE Contract Layoff)			PLN	Pay in lieu of notice payment; only eligible for use with prior HR operations unit authorization.
<b>5. SICK LEAVE</b>			LPR	25% cash value of sick leave balance; for payment to VEBA trust for retired employees or payment to estate for deceased employees.

Name of Preparer (Print or Type)	Signature	Date	Phone Number of Preparer
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**It is the responsibility of the employing department to ensure the accuracy and completeness of the leave records. The department payroll authorization signature indicated below ensures that all balances requested for payment have been verified.**

Name (Print or Type) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR MEDICAL CENTER USE ONLY	
Authorizing signature of Medical Center Personnel	Date