

Completing the REQUEST FOR PAYMENT OF YEAR-END UNUSED SICK LEAVE FORM

Information about eligibility to participate in the "Attendance Incentive Program" is available at: <http://www.washington.edu/admin/hr/polproc/leave/attend-incent.html>.

This form is not designed to be fully completed electronically because more than one person is involved in completing the form.

1. The employee requesting payment for unused sick leave completes Section 1. To be eligible for sick leave payment, the employee:

- Must have a sick leave balance exceeding 480 hours;
- Must have accrued more hours of sick leave than were used in the previous calendar year;
- Must retain a balance of 480 hours of sick leave after receiving payment for unused sick leave.

NOTE: Only sick leave accrued in the previous calendar year is eligible for payment. Therefore the maximum number of sick leave hours for which payment can be made is 96 (e.g. 12 mos x 8 hrs/mo for full-time employees).

2. The person responsible for the department's leave records and/or payroll completes Section 2 and routes the form to obtain the information and approval signatures in Section 3.

IMPORTANT NOTE – Department budget(s) must be used for attendance incentive program payments. These payments are not paid centrally (unlike sick leave payments upon retirement or death which are paid centrally). The departmental budget number(s) that are to be charged must be entered on the form at the time it is submitted. If this information is omitted it will not be possible to process the payment request.

3. Make 3 copies of the completed form and distribute as follows:

Original to Payroll Office BOX 359555

and copies to

- Department
- Human Resources Operations Office (address below)
- Employee

HR OPERATIONS OFFICE
Campus HR Operations UW Tower C-1 Box 359532 4333 Brooklyn Ave NE Seattle, WA 98195-9532 Voice: (206) 543-2354 Fax: (206) 685-0636

REQUEST FOR PAYMENT OF YEAR-END UNUSED SICK LEAVE

For instructions on completing this form in MS Word see:

<http://www.washington.edu/admin/hr/forms/instructions.html>

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 - Department
 - Human Resources Operations office
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SECTION I – COMPLETED BY EMPLOYEE

Employee Name	Employee ID Number
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I request payment for unused sick leave accrued during the past calendar year **in the amount of _____ hours** (96 hrs. max). I understand that payment will equal 25% of the full time equivalent value of the sick leave hours for which I have requested payment, and that my sick leave balance will be reduced by the total number of hours for which payment is made.

Employee Signature	Date	Box Number	Phone
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SECTION 2 – TO BE COMPLETED BY DEPARTMENT PAYROLL/TIMEKEEPING STAFF

Department Name	Payroll Unit Code	Employee Full Time Salary Rate
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SICK LEAVE PAYMENT INFORMATION	HOURS (decimal)	BUDGETS TO BE CHARGED FOR SICK LEAVE PAYMENT	
1. Total 12/31 year end sick leave balance		LPA Budget No.	FTE %
2. Total 12/31 year end sick leave balance minus 480			
3. Total sick leave accrued during last calendar year (96 hrs. max.)		LPA Budget No.	FTE %
4. Total sick leave used and/or donated as shared leave during last calendar year		LPA Budget No.	FTE %
STOP HERE if #2 is less than or equal to 0, or if #4 is more than #3. You are not eligible for payment of sick leave		LPA Budget No.	FTE %
5. <u>Subtract #4 from #3 = Net Sick Leave</u>		LPA Budget No.	FTE %
6. Sick leave hours eligible for payment (lesser of #2 or #5 above)		LPA Budget No.	FTE %
7. Sick Leave hours requested for payment (less than or equal to #6)		LPA Budget No.	FTE %
Adjusted sick leave balance as of 12/31/____ (#1 - #7)			

SECTION 3 – DEPARTMENT APPROVAL

Name of Preparer/Reviewer	Box Number	Phone Number
Preparer/Reviewer Signature	Date	

This form must be received by the UW Payroll Office, Box 359555, by 5 p.m. on the last working day in January.
 Routing: Make 3 copies. Route original to Payroll Office; Copies to Department, Campus HR Operations and Employee
 Campus Human Resources Operations: Box 359532

The person signing below for departmental budget authorization is confirming that the information provided is accurate and complete.

Name of Budget Authority	Box Number	Phone Number
Budget Authority Signature	Date	