

## 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 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.

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, except for Harborview and UW Medical Center's units, distribute as follows: **Original** to Payroll Office BOX 355655

and copies to

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

4. Medical Centers units only: Route the completed form with a completed copy of the vacation/sick leave record (Form 220, TBA, OWLS, File Pro), to the Human Resources Office, either Harborview Medical Center Human Resources, Box 359715; or University of Washington Medical Center Human Resources, Box 356054, as appropriate.

HR OPERATIONS OFFICES	
<p><b>Harborview Medical Center Medical Centers Human Resources</b>                      325 Ninth Avenue                      Seattle, WA 98104-2499                      Box 359715                      Voice: (206) 744-9220 Fax: (206) 744-9955</p>	<p><b>UW Medical Center Operations</b>                      BB150 UWMC                      Box 356054                      Voice: (206) 598-6116 Fax: (206) 598-4610</p>
<p><b>Upper Campus Operations</b>                      Bloedel Hall, Lower Level                      Box 354561                      Voice: (206) 543-2354 Fax: (206) 685-0636</p>	<p><b>Health Sciences Operations</b>                      D302 Health Sciences                      UW Box 357250                      Voice: (206) 543-9406 Fax: (206) 685-2845</p>

**REQUEST FOR PAYMENT OF  
YEAR-END UNUSED SICK LEAVE**

**Make 3 copies of completed form and distribute:**  
 Original to Payroll Office BOX 355655, and copies to  
 Department  
 Human Resources Operations office  
 Employee

SECTION I – COMPLETED BY EMPLOYEE			
Employee Name		Employee ID Number	
I request payment for unused sick leave accrued during the past calendar year <b>in the amount of _____ hours</b> (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
SECTION 2 – TO BE COMPLETED BY DEPARTMENT PAYROLL/TIMEKEEPING STAFF			
Department Name		Payroll Unit Code	Employee Full Time Salary Rate
SICK LEAVE PAYMENT INFORMATION		HOURS (decimal)	BUDGETS TO BE CHARGED FOR SICK LEAVE PAYMENT
1. Total 12/31 year end sick leave balance minus 480			LPA Budget No. <span style="float: right;">FTE %</span>
2. Total sick leave accrued during last calendar year (96 hrs. max.)			LPA Budget No. <span style="float: right;">FTE %</span>
3. Total sick leave used and/or donated as shared leave during last calendar year			LPA Budget No. <span style="float: right;">FTE %</span>
<b>STOP HERE</b> if #3 is more than #2. You are not eligible for payment of sick leave			LPA Budget No. <span style="float: right;">FTE %</span>
4. <u>Subtract #3 from #2 = Net Sick Leave</u>			LPA Budget No. <span style="float: right;">FTE %</span>
5. Sick leave hours eligible for payment (lesser of #1 or #4 above)			LPA Budget No. <span style="float: right;">FTE %</span>
6. Sick Leave hours requested for payment (less than or equal to #5)			LPA Budget No. <span style="float: right;">FTE %</span>
Adjusted sick leave balance as of 12/31/_____			
SECTION 3 – DEPARTMENT APPROVAL			
Name of Preparer/Reviewer		Box Number	Phone Number
Preparer/Reviewer Signature		Date	
<b>This form must be received by the UW Payroll Office, Box 355655, by 5 p.m. on the last working day in January.</b> Routing: Make 3 copies. Route original to Payroll Office; Copies to Department, your Human Resources Operations Office and Employee Human Resources Operations: Upper Campus, Box 354561; Health Sciences, Box 357250			
<b>The person signing below for departmental budget authorization is confirming that the information provided is accurate and complete.</b>			
Name of Budget Authority		Box Number	Phone Number
Budget Authority Signature		Date	
SECTION 4 – FOR MEDICAL CENTERS USE ONLY			
Medical Centers' staff must route the completed form with a completed copy of the vacation/sick leave record through the appropriate Human Resources Office: HMC HR, Box 359715; or UWMC HR, Box 356054			
Human Resources Signature		Date	