

## Completing the REQUEST FOR PAYMENT OF YEAR-END UNUSED SICK LEAVE FORM for UW Medicine Staff

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 it requires signatures and 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 of the form 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. Route the completed form with a completed copy of the vacation/sick leave record (Form 220, TBA, OWLS, File Pro), to the appropriate Human Resources Office below:

<b>MEDICAL CENTERS HUMAN RESOURCES OPERATIONS OFFICES</b>	
<b>Harborview Medical Center</b> <b>Medical Centers Human Resources</b> <b>Box 359715</b> 325 Ninth Avenue Seattle, WA 98104-2499 Voice: (206) 744-9220 Fax: (206) 744-9955	<b>UW Medical Center</b> <b>Medical Centers Human Resources</b> <b>BB150 UWMC</b> <b>Box 356054</b> 1959 NE Pacific Seattle, WA 98195 Voice: (206) 598-6116 Fax: (206) 598-4610

**REQUEST FOR PAYMENT OF  
YEAR-END UNUSED SICK LEAVE for  
UW Medicine Staff**

**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**

SECTION I – COMPLETED BY EMPLOYEE	
Employee Name	Employee ID Number - -

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

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.	FTE %
2. Total sick leave accrued during last calendar year (96 hrs. max.)		LPA Budget No.	FTE %
3. Total sick leave used and/or donated as shared leave during last calendar year		LPA Budget No.	FTE %
<b>STOP HERE</b> if #3 is more than #2. You are not eligible for payment of sick leave		LPA Budget No.	FTE %
4. <u>Subtract #3 from #2 = Net Sick Leave</u>		LPA Budget No.	FTE %
5. Sick leave hours eligible for payment (lesser of #1 or #4 above)		LPA Budget No.	FTE %
6. Sick Leave hours requested for payment (less than or equal to #5)		LPA Budget No.	FTE %
Adjusted sick leave balance as of 12/31/_____			

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.**  
Ensure that the completed form is received in the appropriate UW Medicine HR Operations Office at least 5 working days before the last working day in January to allow time for processing

**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	

SECTION 4 – FOR MEDICAL CENTERS USE ONLY	
<b>Medical Centers Operations, Distribute as follow:</b>	
<input type="checkbox"/> <b>Original to Payroll Office BOX 359555, and copies to:</b> <input type="checkbox"/> <b>Department</b> <input type="checkbox"/> <b>Employee</b>	
Human Resources Signature	Date