

APPLICATION FOR TRANSFER OF VACATION AND SICK LEAVE CREDIT OR PAYMENT IN LIEU OF VACATION

DEPARTMENT, POSITION NUMBER, BU, PAYROLL NUMBER, EMPLOYEE S.S. NO., EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL), EFFECTIVE DATE OF ACTION

SECTION A

- 1 ACCUMULATIVE BALANCE REMAINING AS OF DECEMBER 31, 20__
2 LEAVE CREDITS EARNED FROM JANUARY 1, 20__
3 LEAVE TAKEN FROM JANUARY 1, 20__
4 VACATION LEAVE CREDITS FORFEITED
5 BALANCE REMAINING AT EFFECTIVE DATE OF ACTION
6 MAXIMUM ACCUMULATION ALLOWED AT DECEMBER 31, 20__
7 EARNED VACATION IN EXCESS OF MAXIMUM ALLOWED.

(CHECK ONE BOX ONLY) REPORTED BY: [] DAYS [] HOURS

EMPLOYEE'S LEAVE CREDITS (BY DAYS OR HOURS TO TWO DECIMAL POINTS) TABLE with columns VACATION and SICK

I HEREBY CONCUR AND ACCEPT THE ABOVE RECORD OF VACATION AND SICK LEAVE CREDITS.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

SECTION B

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR:

- [] PAYMENT FOR VACATION LEAVE CREDITS EARNED AT TERMINATION OF SERVICE
[] PAYMENT FOR VACATION LEAVE CREDITS EARNED AT TERMINATION OF SERVICE OF ___ HOURS AND TRANSFER THE REMAINING VACATION LEAVE CREDITS BALANCE OF ___ HOURS
[] TRANSFER OF VACATION AND SICK LEAVE CREDITS AND/OR THE AMOUNT(S) OF VACATION LEAVE CREDITS TO ___ FROM ___ TO ___
[] EMPLOYEE PARTICIPATING IN THE PSVPD PROGRAM - TARGET VACATION PAYOUT DATE: ___
[] AUDITED FOR RECORD PURPOSES ONLY

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR VACATION AND SICK LEAVE CREDITS AGAINST THE DEPARTMENT FROM WHICH I AM BEING TRANSFERRED OR AGAINST THE STATE GOVERNMENT FROM WHICH I AM BEING TERMINATED.

APPROVED SIGNATURE OF DEPARTMENT HEAD DATE

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT DATE

SECTION C

- [] PAYMENT FOR VACATION IN EXCESS OF MAXIMUM.

I HEREBY CERTIFY IN ACCORDANCE WITH ACT 142, S.L. 1943, THAT DUE TO EMERGENCY CONDITIONS EXISTING DURING THE PRECEDING CALENDAR YEAR, IT WAS IMPRACTICABLE TO ALLOW THE ABOVE NAMED EMPLOYEE TO BE GRANTED ACCUMULATED VACATION LAPSED AND FORFEITED AT DECEMBER 31, 20__, BY REASON OF SUCH CONDITIONS; AND THAT NO VACATION LEAVE IN ADDITION TO THE AMOUNT REPORTED HEREON HAS BEEN ALLOWED OR TAKEN BY HIM ON ACCOUNT OF SUCH ACCUMULATED VACATION.

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR THE ABOVE VACATION ALLOWANCE, IN EXCESS OF THE MAXIMUM, FOR WHICH I AM BEING PAID.

SIGNATURE OF DEPARTMENT HEAD

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

DATE

DATE

INSTRUCTIONS

FURNISH SIGNED AND APPROVED COPIES OF FORM G-2 AND SUMMARY WARRANT VOUCHERS (IF APPLICABLE) TO THE STATE COMPTROLLER (CENTRAL PAYROLL).

- [] PAYROLL/FISCAL OFFICE [] LOSING DEPARTMENT [] GAINING DEPARTMENT
[] OFFICIAL PERSONNEL FILE [] ERS (FOR RETIREES AND TERMINATIONS ONLY) [] EMPLOYEE