

REQUEST FOR LEAVE PAY-OFF

Instructions

1. Sick leave

- a. The sick leave pay-off was frozen as of June 1997 for non-faculty and as of August 1998 for faculty. The freeze involves all factors used in the pay-off calculations, leave hours, rate of pay, and years of service with HCC and the Florida Retirement System.
- b. You may request to be compensated for your frozen sick leave. All unused leave will be forfeited. You must submit written evidence from the Florida Retirement System for prior service credit to be used in the calculations.
- c. You may waive the pay-off of your sick leave balance. The balance may be re-instated upon re-employment or may be transferred to another state agency. Upon transfer, all hours will be removed from HCC.

2. Vacation leave

- a. The maximum vacation leave that may be paid off is 30 days. Any excess leave will be forfeited.
- b. Leave, up to the maximum, will be paid upon separation (termination of employment).
- c. Leave, up to the maximum, may be paid off upon enrollment into the Florida Retirement System DROP program. You will continue to accrue leave for usage. However, the balance is subject to forfeiture based upon the 30 day maximum.

Complete, sign, and submit form to the Payroll Office during out-processing / DROP enrollment..

Employee's Name

ID

Reason for submission: Separating from the college Entering the DROP program

Sick leave
(Select one)

- I am requesting that the College provide compensation to me for the applicable accrued **sick leave** days. I understand that leave pay-off benefits are based on unused sick leave credit and that by accepting pay-off, I forfeit any unused sick leave credit.
- I waive the option of receiving payment for accrued **sick days**. I understand that I am terminating my employment with the College and request that my sick leave credit remain with the institution. If I am re-employed at the College, my sick days will be reinstated.

Vacation
leave

- I am requesting that the College provide compensation to me for the applicable **vacation** leave days. I understand that I will forfeit all unused leave in excess of 30 days.

Remarks

Signature of Employee

Date