

## **Calculation of Lump Sum Annual Leave Payment**

| SYSTEM PART #:                     |  | Supervisory Org #                  | Superviso   | ry Org Name                 |  |           |
|------------------------------------|--|------------------------------------|---|-----------------------------|--|-----------|
| 1. First Name                      | M.I. Last Name                             | e 2. UIN                           |   | 3. Term Date                | 4. Position #  |           |
|                                    |  | ly rate for <b>MONTHLY E</b>       | MPLOYEES.   |                             |  |           |
| 5. <b>ALL MONTH</b><br>FTE MONTHLY |  | S BEGIN HERE.<br>E = ANNUAL SALA   | ARY / 2080  | =                           | HOURLY RATE OF PAY   |           |
| <b>ALL BIWEEKL</b><br>6. ACCRUED A |  | S BEGIN HERE.<br>VE HOURS + HOLID  | AY HOURS**=   | TOTAL ACCRUEI               | D LEAVE & HOLIDAY HO   | URS       |
| 7. TOTAL HOU                       | RS *                                       | Enter In:<br>HOURLY RATE           | = GROSS F   | PAY DUE                     |  |           |
| **Calculation of Accrue            | ed Annual Leave beç                        | gins the day after termination and | goes forward in time to inclu                               | ude holidays falling within | that time span if employee is eligible.  |           |
| S                                  | UPPLE                                      | MENTAL MC                          | NTHLY BU  | JDGET VI                    | ERIFICATION  |           |
| It is not necessary f              | or departments to                          | complete the account inforn        | nation due to the new AC                                    | CAP provisions. The F       | Payroll Office will complete.  |           |
|                                    |  | luare.                             | GROSS   |                             |  |           |
| UIN                                | PIN  | NAME                               | PAY DUE   | PART & ACCOU                | INT SUPP. ACC  | T         |
|                                    |  |                                    |   |                             |  |           |
|                                    |  |                                    | GROSS   |                             |  |           |
| UIN                                | PIN  | NAME                               | PAY DUE   | PART & ACCOU                | INT SUPP. ACC  | T         |
|                                    |  |                                    |   |                             | <u>l</u>   |           |
|                                    |  | NAME                               | GROSS   |                             |  | _         |
| UIN                                | PIN  | IVAIVIL                            | PAY DUE   | PART & ACCOU                | INT SUPP. ACC  | 1         |
| distribution, and that to          | the best of my know<br>properly represente | wledge and belief, each employee   | is entitled to the payment s<br>ated unless subsequent writ | hown in this voucher. Th    | y to and technically qualified to substate distribution of pay between department. This statement is issued as the after | nents and |
| Date:                              |  | _                                  | Signature:  |                             |  |           |
|                                    |  |                                    |   |                             |  |           |