

## Termination Leave Option Form

Employees who separate from University service are entitled to be paid at 100% of the current salary rate for all unused vacation hours which may not exceed 352 hours, and one-half (1/2) of the sick leave balance as of the employee's termination date, up to a maximum sick leave payout of 480 hours. For sick leave, eligible employees can alternatively elect to convert up to 960 hours to the Board of Trustee retirement benefit. Employees terminated for all reasons other than corrective actions may elect a lump sum payment, terminal leave, or a combination of terminal leave and lump sum payment. An employee terminated for corrective action reasons, or an employee who gives less than two (2) weeks' notice of intent to resign, must take payment for unused leave in a lump sum unless otherwise determined by the Appointing Authority.

This Option form must be completed and signed by all employees who are leaving employment and are eligible for vacation and/or sick leave benefits.

Vacation and sick leave balances and department calculations are subject to verification and correction by the Human Resources Office.

Refer to the "Leaving Employment" page on the HR website for important information regarding terminal leave vs. lump sum as well as other important information (<http://www.uwyo.edu/hr/employee-benefits/leaving-employment/>).

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Vacation Leave Option:	Lump Sum	Terminal Leave	Combination*
Sick Leave Option:	Lump Sum	Terminal Leave	Combination*

Convert sick leave to Board of Trustee insurance benefit (if eligible)

\*I want my Terminal Leave to take me through this date:  
Any remaining leave will be paid in lump sum.

I would like my Terminal Leave information sent to me via this email address:

Final Paycheck (choose one):                      Direct deposit                      US Mail

Forwarding address and/or phone:

My last physical day at work will be a      full day                      partial day – no. of hours:                      on this date:

I understand my leave options and that the choices I made above are irrevocable.

Employee Signature                      \_\_\_\_\_                      Date                      \_\_\_\_\_

Employee Name (print)                      \_\_\_\_\_                      Person #                      \_\_\_\_\_

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### **Human Resources/Payroll use only**

Vac Bal	Sick Bal
Position #	Anniversary Date