

# Termination Leave Option Form

Employees who separate from University service are entitled to be paid at 100% of their current base 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 vacations and/or sick leave benefits.

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

Employee access to email accounts, with the exception of Board Retirees, will be removed 24 hours after last physical working day. HCM access, and access to online payslips and W2 forms will be removed 24 hours after employee's last physical working day. **Please download or print payslips and W2 forms prior to your HCM access being removed.**

Refer to the HR webpages "[Termination Checklist](#)" and "[Leaving Employment](#)" for important information regarding terminal leave vs. lump sum as well as other important information.

My last physical day at work will be a  full day, or  partial day – number of hours worked: \_\_\_\_\_, on this date: \_\_\_\_\_

***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)

\*Combination of Lump Sum and Terminal Leave 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: \_\_\_\_\_

Forwarding address and/or phone: \_\_\_\_\_

***Balance of Contract (Academic year positions only):***

Pay through this date: \_\_\_\_\_

***Final Paycheck (choose one):***     Direct deposit     U.S. Mail

I understand my leave options and that the choices I made above are irrevocable. I acknowledge that it is my responsibility to seek any outside advice needed regarding any impacts of my election, including but not limited to retirement or tax consequences. I further acknowledge that the University of Wyoming does not provide such advice. By signing this form I hold harmless and hereby release and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities), from any and all liability whatsoever for any and all damages, losses or injuries that may result from my election on this form.

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

Date \_\_\_\_\_

Employee Name (print) \_\_\_\_\_

Employee ID # \_\_\_\_\_

*Completed form to be given to supervisor or Decentralized Human Resources Representative.*

<b>Human Resources/Payroll use only</b>	FTE/FLSA	TL through
Vacation balance	Position number	BOC through
Sick balance	Anniversary date	HR initials/date