

# University of Wyoming Termination Leave Option Form

MUST BE COMPLETED AND SIGNED BY BENEFITED EMPLOYEES SEPARATING FROM UW SERVICE.

## SECTION 1: OVERVIEW

Refer to the HR webpage "[Leaving Employment](#)" for important information for exiting staff. Contact [hrbenofc@uwyo.edu](mailto:hrbenofc@uwyo.edu) with questions.

- 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 up to a maximum sick leave payout of 480 hours, as of the employee's termination date.
- **Eligible employees** can alternatively elect to convert their sick leave up to 960 hours to the Board of Trustee retirement benefit.
- Employees terminated for all reasons other than corrective action (e.g. misconduct, disciplinary 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.
- UW computer, WyoCloud HCM access and email will be removed the evening of the last physical day worked. Board Retirees will retain their email access. **Please download or print payslips and W-2 forms prior to your WyoCloud HCM access being removed.**

## SECTION 2: EMPLOYEE INFORMATION

Employee Name (PRINT): \_\_\_\_\_ WyoCloud Person Number: \_\_\_\_\_ (NOT W#)

Last Physical Day Worked: \_\_\_\_\_ Hours Worked on Last Day: \_\_\_\_\_ ☐ Full Day ☐ Partial Day  
(NOT VACATION OR SICK DAY)

Balance of Contract Pay Through this Date: \_\_\_\_\_ (Academic Year Positions Only)

## SECTION 3: LEAVE ACCRUAL PAYOUT OPTIONS

**Lump Sum:** Payment of accrued but unused leave will be paid at one time. Benefits end at month end of when the employee's final workday occurs. Employees may want to consult a tax advisor regarding tax implications if payment will be more than a regular month pay.

**Terminal Leave:** Employees are entitled to be paid for their accrued but unused vacation leave (not to exceed 352 hours), and one-half of accrued sick leave (not to exceed 480 hours) in the form of terminal leave by taking their unused leave over time, which provides for continuation of their pay and benefits until depleted. This may be important to employees who wish to maintain their health, dental, and life insurance as long as possible. If an employee has one day of paid time in a month, insurance will continue through the end of that month.

**Please note: Health, Dental, Vision & Ambulance insurance and mandatory retirement contributions cannot be ended while on terminal leave. Supplemental retirement, life insurance, short-term and long-term disability are optional and can be termed at any time.**

VACATION LEAVE OPTION:	<input type="checkbox"/> Lump Sum	<input type="checkbox"/> Terminal Leave*	<input type="checkbox"/> Combination**	
SICK LEAVE OPTION:	<input type="checkbox"/> Lump Sum	<input type="checkbox"/> Terminal Leave*	<input type="checkbox"/> Combination*	<input type="checkbox"/> Board of Trustees Retirement Conv. (if eligible)
<b>*NOTE:</b> If accrual balances are not sufficient for <b>terminal leave</b> to carry through to the following month, it will be paid as <b>lump sum</b> .				
<b>**COMBINATION:</b> Pay terminal leave through this date: _____ (remaining leave paid in lump sum)				
<input type="checkbox"/> Check the box <b>ONLY</b> if you choose terminal leave and would like your end date sent via email to:				
Forwarding address and/or phone:				

## SIGNATURE

**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 \_\_\_\_\_

**Completed form to be given to supervisor.**

HR USE ONLY	VAC HRS	\$	FTE	FLSA	CAL	POSN
	SICK HRS	\$	MCD	INSURANCE	ANN DATE	TL THRU
	COMP HRS	\$	HSA	MED/DEP CARE	DEDUCTIONS	BOC THRU
	SALARY \$	TEMP \$	TOTAL \$	COSTING	TIME CARDS	ANNUITIES

☐ Resignation Letter Received ☐ Pay Schedule ☐ Object Group

Revised 5/1/25