



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 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.

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: _____ (NOT VACATION OR SICK DAY) Hours Worked on Last Day: _____ [] Full Day [] Partial 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.

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 or taking their unused leave over time, which provides for continuation of their pay and benefits until depleted.

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: [] Lump Sum [] Terminal Leave [] Combination*
SICK LEAVE OPTION: [] Lump Sum [] Terminal Leave [] Combination* [] Board of Trustees Retirement Conversion (if eligible)
*COMBINATION: Pay Terminal Leave through this date: _____ (remaining leave paid in lump sum)
[] Check box ONLY if you choose Terminal Leave and you 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.

Employee Signature _____ Date _____

Completed form to be given to supervisor.

Table with 6 columns: VAC HRS, SICK HRS, COMP HRS, SALARY \$, FTE, MCD, HSA, TOTAL \$, FLSA, INSURANCE, MED/DEP CARE, COSTING, CAL, ANN DATE, DEDUCTIONS, TIME CARDS, POSN, TL THRU, BOC THRU, ANNUITIES

[] Resignation Letter Received [] Pay Schedule [] Object Group