



Department of Transformation and Shared Services
 Office of Personnel Management
Leave Payout Authorization (IT0416)

Employee Name (Last, First Middle Initial)		Personnel Number	Effective Date
<input type="text"/>		<input type="text"/>	<input type="text"/>
Business Area	Agency Name	Personnel Area	Organizational Unit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LEAVE CATEGORIES AND CODES: Leave may be requested in 15-minute increments only.

<input type="checkbox"/> ANNL - Annual	<input type="text"/>	Hours/Minutes
<input type="checkbox"/> EMBD - Birthday	<input type="text"/>	Hours/Minutes
<input type="checkbox"/> HLDY - Holiday	<input type="text"/>	Hours/Minutes
<input type="checkbox"/> COMP - Compensatory (1.0) QT 15 (C00)	<input type="text"/>	Hours/Minutes
<input type="checkbox"/> COMP - Compensatory (1.5) QT 16 (C00)	<input type="text"/>	Hours/Minutes
<input type="checkbox"/> COMP - Compensatory (1.5) QT 16 (C06)	<input type="text"/>	Hours/Minutes
<input type="checkbox"/> SICK Payout (for Retirement Use Only) _____	<input type="text"/>	Hours/Minutes

Please note the following:

1. Data must be entered in Infotype 0416 for each leave category.
2. Effective Date for employee exiting state employment should equal employee's termination date.
3. Effective Date for other payouts should equal pay period beginning date.
4. Maximum payout for all Retiree-Sick categories may not exceed \$7,500.00.
5. The amount due an employee for accrued and/or unused leave shall be paid to the employee in a lump sum upon retirement, resignation, termination or other action only. The lump sum will not exceed 30 days/240 hours of Annual Leave including Holiday Leave. In the event of death of an active employee, 60 days is the maximum Annual Leave Payout including Holiday Leave to the employee's estate.

Employee Signature	Date
<input type="text"/>	<input type="text"/>

Comments:

AUTHORIZATION: I affirm the Agency has sufficient appropriation as approved by the Chief Fiscal Officer of the state and appropriate funding to expense this action.

<input type="checkbox"/> Approved	Approving Authority	Date
<input type="checkbox"/> Denied	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Approved	Approving Authority	Date
<input type="checkbox"/> Denied	<input type="text"/>	<input type="text"/>
Data Entered By		Date
<input type="text"/>		<input type="text"/>