

STATE OF OHIO
LEAVE PAYOFF AT SEPARATION REQUEST FORM
(for employees paid by warrant of the Director of Budget and Management)

Name: _____ Employee ID: _____ Agency: _____
Separation Date: _____ Bargaining Unit/Exempt OT Eligible/Exempt
Circle one Circle one

SICK LEAVE

- I would like to be paid for all of my accumulated sick leave balance.
- I would like to be paid for _____ hours of my accumulated sick leave balance with the remainder being held for future payment (within three (3) years from the date of my separation) or restoration upon re-employment, provided I am re-employed within ten (10) years of the date of my separation.
- I would like to retain all of my accumulated sick leave balance for restoration upon re-employment (provided I am re-employed within ten (10) years from the date of my separation) or for conversion (provided I convert within three (3) years from the date of separation).
- I would like to transfer my sick leave to _____. Letter from former agency must be attached.
- I do not have the service required for sick leave conversion;

*Exempts, 1199, Attorney General – require one (1) year of State Service
*OCSEA, FOP, OSTA, OEA, Auditor and Treasurer of State – require five (5) years of State Service
*FOP 46 & 48 upon separation

NOTE: Old sick leave is NOT subject to payoff

VACATION LEAVE

- I would like to be paid for all of my accumulated vacation leave balance.
- I would like to retain all of my accumulated vacation leave balance for restoration upon re-employment, provided I am re-employed within thirty (30) days of the date of my separation. I understand that if I am re-employed within thirty (30) days of the date of my separation, and if I have more vacation leave credit than allowable for my new position, I will receive payment for excess leave at a rate equal to my base rate of pay for my former position. I understand that if I am not re-employed within thirty (30) days, my entire vacation leave balance will be paid out.
- I do not meet the service requirements for vacation leave conversion.

*Exempts, OCSEA, 1199, FOP2, OSTA1 and OSTA15 – requires completion of 12 months of total service
*OEA – requires completion of one year of service
*Auditor, FOP46 and FOP48 upon separation

PERSONAL LEAVE

- I would like to be paid for all of my accumulated personal leave balance.
- I would like to retain all of my accumulated personal leave balance for restoration upon re-employment, provided I am re-employed within thirty (30) days of the date of my separation. I understand that if I am re-employed within thirty (30) days of the date of my separation, and if I have more personal leave credit than allowable for my new position, I will receive payment for the excess leave at a rate equal to my base rate of pay for my former position. I understand that if I am not re-employed within thirty (30) days, my entire personal leave balance will be paid out.

*Exempt employees personal leave will be prorated.

COMPENSATORY TIME

- I understand that if I am overtime-eligible, I will be paid for the _____ hours of compensatory time that I have accrued. Overtime-exempt employees are not eligible to be paid for the hours of compensatory time they have accrued.

DEFERRED COMPENSATION

- I have made arrangements with Deferred Compensation to have \$ _____ from my leave payoff sent to Deferred Compensation.

Employee Signature

Date

Agency Designee Signature

Date

EMPLOYEE: Please return to your Agency Human Resources Administrator

HR ADMIN: Please fax a copy of the completed form to DAS/HRD Payroll Support at 614-466-1565 or email the form to DAS.HRD.HCMPAYROLL@DAS.OHIO.GOV upon separation of the employee.