

ANNUAL LEAVE PAYOUT

Employee ID # _____

Last Name (Print) _____ First Name (Print) _____ Middle Initial (Print) _____
Use the Employee's Name as recorded on the Social Security Card (and Visa where applicable).

Payroll Title/Code _____

RFCUNY Notes _____

Immediate Supervisor's Name _____

Immediate Supervisor's: Phone _____ Email _____

College

Baruch	City	Hostos	Kingsborough	S&G Guttman	RFCO	CUNY SPS
BMCC	Central	Hunter	LaGuardia	NYC College of Technology	Staten Island	CUNY SPH
Bronx	CUNY Law	John Jay	Lehman	Queens	York	
Brooklyn	Graduate	Journalism	Medgar Evers	Queensborough	Other _____	

Reason for Payout

Termination (reason for termination) _____
Resignation _____
End of appointment _____
Retirement (see Retirement section, below) _____
Other reason for payout/Comments _____

For RFCUNY Use

If for retirement, please fill in the required information.

Effective Date _____ Last Day Paid _____

Comments _____

Payout Information

Project #	Sub.	Yr.	Salary Expense Code	Appt. End Date	Current Rate of Pay	Annual Leave Hours to be Paid	Accrued Reserve to be Paid

If paying from a different project, indicate project # where annual leave was earned: - -

Project Director Signature

Date

Authorized Signatory Signature

Date

Print Name

Print Name

Phone

Phone

Email

Email

For all time and leave benefits related questions, refer to policy 506 on www.rfcuny.org.