



REQUEST FOR TERMINAL LEAVE PAY

Retirement

Non-Retirement

(Please check appropriate category)

Return completed form to:

PAYROLL – DeLand Administrative Complex, 200 North Clara Avenue, DeLand FL 32721

Employee Name (please print)

Social Security Number

Mailing Address – *Note:* To ensure proper delivery of your W-2 statement, please submit address changes directly to the Human Resources Department.

Type of Leave:

Sick

Annual

I hereby request that my TERMINAL SICK and/or ANNUAL LEAVE PAY be processed as provided under the current policies and/or bargaining unit contracts of the School District of Volusia County. ¹ **I understand that this payment will be deposited into a tax deferral plan adopted by the school board and available for withdrawal or reinvestment in accordance with the terms of such plan.**²

My last day of duty at _____ was/will be _____.
(School/Department) (Date)

Signature of Employee

Date Requested

FOR DECEASED EMPLOYEE:

DATE OF EMPLOYEE’S DEATH: _____

As BENEFICIARY/SURVIVING SPOUSE of the named individual above, I hereby request payment of the Terminal Leave Pay as provided under the current policies and/or bargaining unit contracts of the School District of Volusia County.¹

Beneficiary’s Printed Name: _____

Signature of Beneficiary/Surviving Spouse

Date

TO BE COMPLETED BY DISTRICT OFFICES ONLY:

Payroll records show the accumulative ANNUAL LEAVE balance available for payment is _____ hours. Paid at 100% = _____.

Payroll records show the accumulative SICK LEAVE balance available for payment is _____ hours. Paid at _____ % = \$ _____. Total deposit to Bencor National Plan = \$ _____.

Payroll Director/Designee

Date

Termination recorded in the minutes of the School Board Meeting dated: _____

Human Resources Director/Designee

Date

¹School Board Policy 417 and Bargaining Unit Contract, Website: <http://blackboard.volusia.k12.fl.us>

²Plan Administrator: BENCOR: 1-888-258-3422, www.bencor.com