

APPLICATION FOR PAYMENT OF ACCUMULATED, UNUSED SICK LEAVE

Applicant Information

Name: _____ University ID: _____

Date of Birth Date: _____ Date of Retirement: _____

(Please note: Payment will be made, once paperwork is completed,
mid-month following the month of retirement.)

In accordance with Section 70A.23 of the Code of Iowa, I hereby apply to receive a one-time cash payment for any accumulated, unused sick leave which I have available at the time of my retirement. I understand that payment shall be calculated by multiplying the number of accumulated, unused sick leave hours by my rate of pay at my retirement date. I further understand that the total cash payment shall not exceed \$2,000. Taxes will be withheld from this payment.

My signature on this form indicates that I am:

- Confirming my retirement from Iowa State University
- Am at least 55 years of age (minimum eligibility age)

Signature _____

Date _____

SEND TO: (To be completed by the Payroll Office)

Payroll Office

1560 Administrative Services Building

- Retirement EPA completed
- No previous sick leave payout made by ISU
- Unused sick leave at time of retirement _____ hours
- Rate of pay \$ _____ per hour
- Calculation of compensation (not to exceed \$2,000) \$ _____ payment
- Payment out of fringe benefits pool account 202-12-99

Signature _____

Date _____