ANNUAL LEAVE PAYOUT

RESEARCH FOUNDATION
THE CITY UNIVERSITY OF NEW YORK
230 WEST 41ST STREET
NEW YORK, NEW YORK 10036

EMPLOYEE I.D. NO.: ___ ___ ___ ___ ___ ___

Print:
LAST NAME     FIRST NAME    MIDDLE INITIAL
Use the Employee’s Name as recorded on the Social Security Card (and Visa where applicable)

Payroll Title/Code
RF Notes:
Immediate Supervisor’s Name
Immediate Supervisor’s telephone and email address

COLLEGE
☐ Baruch   ☐ City   ☐ Hostos   ☐ Kingsborough   ☐ NYC College of Technology   ☐ Staten Island
☐ BMCC   ☐ CUNY Central   ☐ Hunter   ☐ LaGuardia   ☐ Queens   ☐ York
☐ Bronx   ☐ CUNY Law   ☐ John Jay   ☐ Lehman   ☐ Queensborough   ☐ Other _________
☐ Brooklyn   ☐ Graduate   ☐ Journalism   ☐ Medgar Evers   ☐ RFCO

Reason for Payout:
☐ Retirement (see Retirement section, below)
☐ Termination**     ☐ Resignation     ☐ End of appointment
Effective Date: ____/____/____    Last day paid: ____/____/____
☐ Reason for Termination**: ____________________________
☐ Other/Comments: specify

FOR RF USE:

RETIREMENT: If for Retirement, please fill in the required information:
Effective Date: ____/____/____    Last day paid: ____/____/____
Comments: ______________________________________________________

FOR ALL TIME AND LEAVE BENEFITS RELATED QUESTIONS, REFER TO POLICY 506-E ON THE RF WEBSITE

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<tr>
<th>Project #</th>
<th>Sub</th>
<th>Yr</th>
<th>Salary Expense Code</th>
<th>Appointment End Date</th>
<th>Current Rate of Pay</th>
<th>Annual Leave Hours to be Paid</th>
<th>☐ RF Use Only</th>
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EMPLOYEE’S SIGNATURE __________________________________________ Date____________________

PROJECT DIRECTOR: Date__________________

AUTHORIZED SIGNATORY: Date__________________

Signature
Print Name

Signature
Print Name

Phone   E-Mail   Address

Phone   Email Address

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