



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
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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

- | | | | | | |
|-----------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Baruch | <input type="checkbox"/> City | <input type="checkbox"/> Hostos | <input type="checkbox"/> Kingsborough | <input type="checkbox"/> NYC College of Technology | <input type="checkbox"/> Staten Island |
| <input type="checkbox"/> BMCC | <input type="checkbox"/> CUNY Central | <input type="checkbox"/> Hunter | <input type="checkbox"/> LaGuardia | <input type="checkbox"/> Queens | <input type="checkbox"/> York |
| <input type="checkbox"/> Bronx | <input type="checkbox"/> CUNY Law | <input type="checkbox"/> John Jay | <input type="checkbox"/> Lehman | <input type="checkbox"/> Queensborough | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Brooklyn | <input type="checkbox"/> Graduate | <input type="checkbox"/> Journalism | <input type="checkbox"/> Medgar Evers | <input type="checkbox"/> 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

Project #	Sub	Yr	Salary Expense Code	Appointment End Date	Current Rate of Pay	Annual Leave Hours to be Paid	↓ RF Use Only ↓	
					<input type="checkbox"/> Hr		G&C	CS
					<input type="checkbox"/> Hr		Fin	CS

EMPLOYEE'S SIGNATURE _____ Date _____

PROJECT DIRECTOR: Date _____ AUTHORIZED SIGNATORY: Date _____

Signature _____ Print Name _____

Signature _____ Print Name _____

Phone _____ E-Mail Address _____

Phone _____ Email Address _____