

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

The purpose of this form is to certify that upon () Termination () Retirement () Death the following employee or employee's estate has vacation and/or sick leave balances as indicated below. Please complete this form even if the employee used all vacation and/or sick leave prior to separation. **It is IMPORTANT that this information is submitted in a timely manner since unused sick leave affects retirees' annuity calculations.**

ADMINISTRATIVE/PROFESSIONAL STAFF CIVIL SERVICE FACULTY

Employee :	(Last Name)	(First Name)	(Middle)
E-ID:			
Banner ID:		SSN (last 4 digits):	xxx-xx-
Department:		Date of Termination:	

PAYABLE VACATION BALANCE DUE

PAYABLE accrued V250 vacation hours: (2 yr accrual maximum) Total Hrs. =	<input type="checkbox"/> This employee's PEALEAV vacation leave balances in Banner have been updated. For Banner entry help, please see http://www.siu.edu/human-resources/cougarnet/banner.shtml	
AIS Budget Purpose: (If different from current job) <input type="checkbox"/> 100% GRANT FUNDED	FOR PAYROLL USE ONLY	PAY PERIOD ID:
	PAYOUT	PROCESSED BY:
	AMT:	DATE:

PAYABLE SICK LEAVE BALANCE DUE

Computation: SK97 sick leave hours earned 1/1/84 through 12/31/97 Total Hrs. =	<input type="checkbox"/> This employee's PEALEAV sick leave balances in Banner have been updated. For Banner entry help, please see http://www.siu.edu/human-resources/cougarnet/banner.shtml	
PAYABLE unused SK97 sick leave hours: 50% of Total Hrs.=	FOR PAYROLL USE ONLY	PAY PERIOD ID:
	PAYOUT	PROCESSED BY:
	AMT: \$	DATE:

NONPAYABLE UNUSED SICK LEAVE BALANCES

Unpaid SK97 sick leave hours: (50% of balance)	
SK84 sick leave hours earned prior to 1/1/84:	
SICK leave hours earned after 1/1/98:	
SN43 sick leave hours: (Faculty/Ad Staff Only)	

**TOTAL NONPAYABLE UNUSED
SICK LEAVE HOURS:**

This employee's PEALEAV sick leave balances in Banner have been updated. For Banner entry help, please see <http://www.siu.edu/human-resources/cougarnet/banner.shtml>

Supervisor/Dept. Head Signature _____ Date: _____

Preparers Signature: _____ Date: _____

HR Signature: _____ Date: _____