Application for Payout of Unused Sick Leave

A. To be Filled Out by Claimant:

Name (Last, First, MI)**:** _____   **University ID:** _____

Address: _____   _____   _____   _____
                          Street   City   State   Zip

Department: _____

Date of Retirement: _____

In accordance with Section 70A.23 of the Iowa Code, I hereby apply to receive a 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 hours of accumulated unused sick leave by my rate of pay at the time of my retirement date. I further understand that the total cash payment shall not exceed $2,000, and will be subject to federal, state, and FICA taxes as appropriate.

My signature on this form verifies that I:

- ☒ *am terminating,*
- ☒ *am at least 55 years of age* (minimum eligibility age)*,*
- ☒ *have a minimum of 10 years of service*

Signature: _____   **Date:** _____

B. To be Completed by Human Resource Services:

Benefits Team Member Signature:_____   **Date:** _____

Revised 03/2020