

Assistance:(210) 458-4280

Type Fill-in or Print neatly in ink only

Department Information

Department Contact/Preparer

Department Name

Unit Number

Contact Number

Employee Information

Define EID

Job Code

Employee Name

Voucher Payment Description - Final pay of Time Off Benefits due to termination of benefits employment position

Questions

1a. Is the employee directly transferring to another Texas state agency? Yes No

1b: If question 1a is "Yes", do not enter balance information for Vacation and Sick Leave only, these balances will be transferred.

2a. Has the employee's ETA screen been updated for all Vacation and other time off used up to his Termination Date? Yes No

2b: If question 2a is "No", complete ETA, input hours used, before continuing on with the rest of the form.

3a. What is the last date the employee physically worked?

3b. Define Appointment End Date?

Benefit Hours Balances

Department Section

Pay Rate

Use Define: AH3 only

| Benefit Hours | Account | Balance of Hours | Pay Rate | Total Payment |
|---------------------------------|------------|------------------|----------|---------------|
| Vacation | 1899990120 | | | |
| Floating Holiday | 1899990120 | | | |
| Overtime (-22 Sub-account only) | | | | |
| Other* (-20 Sub-account only) | | | | |

* Call Human Resources Department prior to entering any hours for exceptions, Phone Ext: 4259 or 6647

Department Section Total

Special Note: Without Request for Overtime Authorization form on file at the Payroll Office, submitted Overtime requests will be held.

Authorized Signature _____ Date _____

Authorized Name _____ Title _____

Form Instructions: Mail **ORIGINAL FORM** to Human Resources Office
 Inter-Campus Mail: University Heights (UH)

Human Resources Office Section

| Benefit Hours | Dates | Account | Balance of Hours | Pay Rate | Total Payment |
|---------------|-------|------------|------------------|----------|---------------|
| Holiday** | | 1899990120 | | | |
| Sick Leave** | | 1899990120 | | | |

**Determination of balance hours by Human Resources Department only

Human Resources Section Total

Payroll Voucher Total

Human Resources Certifying Official: _____

Date: _____

Form Instructions: Forward to Payroll Services Office for processing

Payroll Office Only

Payroll Control _____ Date _____

Processed on Payroll _____

