

## Request for Employee Pay Out

The following payout is requested from:  General Fund: Sick Leave 1501-01-108-501201 – 15101  
Vacation 1501-01-108-501202 – 15102  
Comp Time 1001-01-990-501200 – 37099

Other Fund: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Payroll Number: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Please mark the appropriate reason for the payout:

- Retirement with 10 years through OPERS
- Disability Retirement
- Resignation
- Termination
- Other \_\_\_\_\_

Wood County Hire Date: \_\_\_\_\_

Last Date in Active Pay Status: \_\_\_\_\_

Years of Wood County Service\*: \_\_\_\_\_

Dates of Prior Public Service: \_\_\_\_\_

Years of Total Public Service: \_\_\_\_\_

Check Date for Payout: \_\_\_\_\_

Ending Balances: Sick Leave: \_\_\_\_\_

Vacation: \_\_\_\_\_ Comp Time: \_\_\_\_\_

Hourly Rate at Separation: \_\_\_\_\_

Vacation Accrual Rate at time of separation: \_\_\_\_\_

(Note 2 decimal points maximum)

Employee's Selected Method for Sick Leave Payout (see back for policy and calculation information):

Statutory: Hours \_\_\_\_\_  Wood County Method: Hours \_\_\_\_\_  No Payout Requested

### Requested Pay Out of Balances:

If hours exceed the limits noted in the Employee Handbook, provide a copy of previously authorized policy.

<b>Sick Leave**</b>	Hours: _____	X	Hourly Rate: _____	= \$ _____
<b>Vacation</b>	Hours: _____	X	Hourly Rate: _____	= \$ _____
<b>Comp Time</b>				
Earned Current Year	Hours: _____	X	Hourly Rate: _____	= \$ _____
Earned Prior Year	Hours: _____	X	Hourly Rate: _____	= \$ _____
<b>Total Amount to be Paid</b>				\$ _____

\_\_\_\_\_

\_\_\_\_\_

cc: Employee's personnel file

Return completed form to the Commissioners' Office prior to submitting payout on payroll report.

\* Wood County service time means the Auditor served as fiscal agent. Provide copy of previously authorized policy if different.

\*\* Employee must file a retirement application with OPERS prior to the employee's date of separation from Wood County to be eligible for a payment of accumulated unused sick leave. Sheriff's Office employees hired prior to the following dates are eligible for altered payout per contract:  
3/16/12 – Non-Command Employees; 3/28/12 - Command Employees

For Commissioners' Office Use Only

Verification of Payout Information: \_\_\_\_\_

Date: \_\_\_\_\_

Verification of Funds: \_\_\_\_\_

Date: \_\_\_\_\_

cc: Requesting Department

Auditor

personnel file

## Payment For Sick Leave Upon Retirement or Death

Upon an OPERS retirement from active service, employees with 10 or more years of service with the State or any of its political subdivisions may elect to receive cash payment for their accumulated unused sick leave under the payment schedule outlined in the ORC Statutory Method or the Wood County Method below. "Retirement" means disability or service retirement under OPERS.

Under either method, sick leave payment is based on the employee's rate of pay at the time of retirement. Payment eliminates all accumulated and unused sick leave accrued by the employee and is made only once to any employee. In the case of a death of an employee who is eligible for retirement, Wood County will pay this benefit to the employee's estate.

## Statutory Method

ORC 124.39 allows employees with a minimum of 10 years of OPERS service to receive 25% of the accumulated sick leave, not to exceed 30 days or 240 hours upon an OPERS retirement.

## Wood County Method

Only Wood County service time is considered when determining years of service for payment of sick leave accrual. Under this method sick leave shall be paid as follows:

Years of Wood County Service	Percentage	Maximum Hours
10	25	240
15	30	288
20	35	336
25	40	384
30	50	480

**Please complete based on the appropriate years of service.**

30 Years of Wood County Service      50% X \_\_\_\_\_ (balance) = \_\_\_\_\_      Total Hours Paid \_\_\_\_\_ (Not to exceed 480 hours)

I elect the following payout of my sick leave:

## ORC Method

## Wood County Method

No Payout Requested

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Employee Signature

Date