

Sick Leave Payment at Retirement - Deferral

This completed form must be submitted to University Human Resources prior to your retirement date.

Please type or print:

Employee's Name _____
Last First MI

Department _____ Home Phone () _____

Home Address _____

Retirement Date _____ Sick Leave Payment Date _____

I authorize University Human Resources to defer the payment of my sick leave payment at retirement as indicated above. I understand that payment can be deferred up to one year from my retirement date. I further understand that applicable taxes will be withheld (Federal, Social Security, Medicare and NJ State) from my sick leave check.

Employee's Signature _____ Date _____

Return completed form to the address below