

## 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**