

LCTCS CENTRALIZED PAYROLL NOTIFICATION OF FINAL PAY CHECK

Pay period Dates: _____

Effective Date of Action: _____ Employee: _____

Employee ID: _____

VPDI: _____

Final Paycheck Action Taken:

___ Termination ___ Resignation ___ Retirement ___ Other _____

Terminal Leave Payout (only if not transferring to another state agency w/o a break in service)

Annual Leave (300 hrs max):

Hours: _____ Amount (\$): _____

Sick Leave (200 hrs max at retirement and/or death only – only for Unclassified employees)

Hours: _____ Amount (\$): _____

Compensatory Leave 1 1/2 (only classified):

Hours: _____ Amount (\$): _____

Compensatory Straight-Time Leave (not eligible for payout)

Annual Leave balance on PEALEAV

begin _____ accrued _____ taken _____ cur bal _____

Hours to adjust: _____

Sick Leave balance on PEALEAV

begin _____ accrued _____ taken _____ cur bal _____

Hours to adjust: _____

Annual Leave adjustment	_____	Entered by: _____	Verified by: _____
Sick Leave adjustment	_____	Entered by: _____	Verified by: _____
Comp Leave adjustment	_____	Entered by: _____	Verified by: _____
Payroll Use Only			