

**St. Lucie Public Schools, Florida
LEAVE PAYOUT FORM**

Name of Employee

Hire Date

Start Date

Position

Assignment

School/Department

- DROP
 Pension Plan
 Investment Plan
 30 Years FRS (Hired prior to 07/01/2011)
 30 Years FRS (Hired post 07/01/2011)

TYPE OF PAYOUT

Sick Leave More than 12 yrs. Service. Total Years of Service SLPS:___	Retirement/Death Eligible Normal Retirement	DROP Percent Applies to Entry and Exit Date:_____	Retirement Supplement Per Board Policy	Vacation Leave Terminating 12 Month Position
100	35 40 45 50 100	35 40 45 50 100	15	100

Record Specialist/Date

Record Specialist/Date

Human Resources Administrator/Date

- Bencor Payout
 No Payout

Assignment Start Date _____ Assignment End Date _____

NUMBER OF LEAVE HOURS

Sick: Balance _____ Advanced _____ Pending _____ Hours to Payout _____	Vacation Leave: Last Allocation _____ Balance _____ Hours to Payout _____
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Payroll Specialist/Date

Payroll Specialist/Date

Payroll Administrator/Date