



# CITY OF YAZOO CITY

## REQUEST FOR PAYOUT OF UNUSED PERSONAL LEAVE

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Last Date of Employment

### HOW DO YOU WANT YOUR FUNDS DISBURSED?

**LUMP SUM PAYMENT** (2 Weeks after final paycheck)

**ROLLOVER TO PERS RETIREMENT ACCOUNT**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

### Human Resource Use Only

Request received in Human Resources on: \_\_\_\_\_

Resignation date: \_\_\_\_\_ As of this date employee will have \_\_\_\_\_ years of continuous employment.

Request Approved      Request Non-Approved      Reason for non-approval: \_\_\_\_\_

\_\_\_\_\_  
Employee notified of non-approval on (copy of notification attached): \_\_\_\_\_

\_\_\_\_\_  
Human Resources Clerk

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Date

Copy of form placed in employee file on: \_\_\_\_\_ Approved original sent to payroll on: \_\_\_\_\_

### Office Use Only

Number of personal leave hours eligible for reimbursement: \_\_\_\_\_

Reimbursement will be paid at a daily rate of: \_\_\_\_\_