CITY OF MERIDEN PAYOUT OF ACCRUED TIME FOR THE PURPOSE OF RETIREMENT/RESIGNATION/DEATH

NAME: _____

DEPARTMENT: _____

UNION: _____

Date of Retirement, Resignation, Etc._____

Reason for Termination (Check one)

☐ Retirement ☐ Resignation ☐ Death ☐ Other (Specify) _____

Hourly Rate of Pay: _____

Hours Worked Per Week: _____

Accrued Maximum Time Allowed by Contract	Amount to be Paid
Comp Time Hours:_____	_____
Earned Time Hours:_____	_____
Vacation Time Hours:_____	_____
Sick Time Hours:_____	_____
Q Time Dates: from_____to _____	_____
TOTAL PAYOUT	_____

Account Number, if different from regular salary line: _____

Prepared By: _____

_____ Date: _____
Department Head

_____ Date: _____
Risk Manager

_____ Date: _____
Human Resources Director

Please note any employee with Q time in their pay record in the last 5 years prior to resignation/retirement/termination must have severance signed by Safety and Risk as well as Personnel.

Also, please forward a copy of this form to MIS to terminate e-mail and computer access.