

# LUMP SUM VACATION CERTIFICATION

## REQUIREMENTS

Employees directly transferring from one Texas state agency or institution of higher education to another will have their accrued but unused vacation leave balance transferred as long as the employment is not interrupted by a break in service. (Texas Government Code Ann. Section 661.153)

## CERTIFICATIONS

I understand that I am eligible for payment of unused vacation hours if I was employed at least 6 continuous months and I am not directly transferring without a break in service to a Texas state agency or institution of higher education. In consideration of my being paid for my unused TTUHSC vacation hours, I represent and swear that I have terminated employment at TTUHSC. Furthermore (check one):

I certify that I am directly transferring without a break in service to \_\_\_\_\_, a state agency or institution of higher education in Texas.

I certify that I am not directly transferring without a break in service to another state agency or institution of higher education in Texas.

**I understand that the payment will be submitted for processing after receipt of the termination Personnel Action Form, all Report of Hours Work Forms or Leave Forms, and Lump Sum Vacation Certification and that payment will be paid no sooner than the last regular paycheck. Furthermore, I understand that processing this payment requires at least two weeks following receipt of all paperwork and that this payment will be taxed at the supplemental rate of 27%.**

## DISTRIBUTION

If I am due a check for unused vacation hours, I request the following distribution:

I want my vacation check sent to the same bank my regular pay checks were sent for deposit.

I will pick up my vacation check in the Payroll Department.

Mail my vacation check to the address below. I have attached a stamped, self-addressed envelope. (Please print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## W-2 ADDRESS VERIFICATION

Use the address below when preparing my W-2 form which will be issued at the end of the calendar year. (Please print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SIGNATURES

\_\_\_\_\_  
Employee Name (printed)

\_\_\_\_\_  
SS#

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

\_\_\_\_\_  
Date

**RETURN THIS FORM TO: Human Resources, Texas Tech University Health Sciences Center, 3601, 4<sup>th</sup> Street, Stop 8100, Lubbock, TX 79430**