



LUMP SUM VACATION CERTIFICATION W-2 ADDRESS VERIFICATION

Employee Name: _____

Employee TECHID#: R

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Separation Date: _____

Check if HSC El Paso Employee

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:

Address: _____

Telephone: _____

City: _____

State: _____

Zip Code: _____

Country: _____
(If other than U.S.A.)

Personal (Non-TTU) Email: _____

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 TTU/HSC vacation hours, I represent and swear that I have terminated employment at TTU/HSC.

Furthermore (**check only one**):

I am **Not Eligible** since I am not a vacation eligible Texas state employee.

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

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

I understand that payment will be submitted for processing only after receipt of my termination E-PAF submitted by my department to Human Resources, my final Web Time Entry Timesheet/Exempt Leave Report has been submitted and approved, and the Payroll department receives this form. I understand that processing this payment requires up to **30 days from my termination date** and that all applicable payroll taxes will be deducted as required by Internal Revenue Service regulations. I further understand that this payment is also subject to any insurance premiums, child support, spousal support or arrearage that TTU/HSC is required to deduct from wage payments.

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 account(s) as my regular paychecks were for Direct 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.

I elect to have the maximum amount of my Lump Sum Vacation distributed to my 403(b)/457 account with any remaining amount deposited into the same bank account as my regular paycheck or mailed to the address below.

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

(If other than U.S.A.)

Employee Signature: _____

Date: _____

RETURN THIS FORM TO: Payroll & Tax Services, Box 41092, Lubbock, TX 79409 | (T) 806-742-3211 | (F) 806-742-1589 |

webmaster.payroll@ttu.edu or your local Human Resources office.