



**Employee:** \_\_\_\_\_ **UIN:** \_\_\_\_\_ **Retirement/Separation Date:** \_\_\_\_\_

**Section 1: To be completed by Unit HR/Business Manager for Estimated Terminal Benefit Payout - Please fax completed form to 217-244-3135**

Vacation \_\_\_\_\_ Hours X \$ \_\_\_\_\_ Rate of Pay = \$ \_\_\_\_\_

Comp Sick \_\_\_\_\_ Hours/2 = \_\_\_\_\_ Hours X \$ \_\_\_\_\_ Rate of Pay = \$ \_\_\_\_\_

Completed By \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**Section 2 - UPB Office Use Only (Calculation Section)**

Eligible Vacation Payout	\$ _____	Minus 8% SURS = \$ _____	= Eligible Vacation	\$ _____
Eligible Comp Sick Payout	\$ _____	N/A - SURS is not deducted from Sick Leave	Eligible Sick	\$ _____

**Totals: Vacation + Comp Sick = \$ \_\_\_\_\_ x 80% = \$ \_\_\_\_\_ (available to contribute to 403(b) and/or 457)**

**403(B)**

**457 Deferred Compensation**

20 <small>Year</small> Annual Limit	\$ _____	20 <small>Year</small> Annual Limit	\$ _____
Previous 20 <small>Year</small> Contributions	\$ _____	Previous 20 <small>Year</small> Contributions	\$ _____
Annual Limit Balance	\$ _____	Annual Limit Balance	\$ _____
Employee's TBP Election Amount	\$ _____	Employee's TBP Election Amount	\$ _____

Entered in Banner (initials/date) \_\_\_\_\_

Back Checked (initials/date) \_\_\_\_\_

**UNIVERSITY PAYROLL & BENEFITS (UPB)**

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