

UNIVERSITY OF ILLINOIS SYSTEM

URBANA-CHAMPAIGN • CHICAGO • SPRINGFIELD

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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