

Vacation, Holiday, or Sick Leave Payout Voucher

Department Section

Employee Information

Name _____ Last day worked _____

UTA ID # _____ Empl REC # _____ Pay Group _____

Was the eForm submitted? Yes No

Has overtime compensation been paid through UT Share or a voucher? Yes No

Pay Information

Is Vacation Payout needed? Yes No Vacation Payout Balance _____

▶ **Cost Center for Vacation and Holiday:** 320011 - 57601

Was this an employee death? Yes No ▶ If YES, see [HR-LA-PO-03](#).

Check Distribution

Direct Deposit (if previously set up) Pick up from Payroll Services at 219 W Main St, Arlington, TX 76010

Paper check to be mailed to this address: _____

Certification

I certify that all time (for non-exempt) and absences (for all) have been entered for this employee in the timekeeping system.

Authorized Signature for Department _____ Date _____

Printed Name _____ Title _____

Email Address _____ Department _____

▶ Send this form to the Office of Talent, Culture, and Engagement at hris@uta.edu

TCE Section

► *This section is for TCE use only.*

Pay Type

Vacation Payout (VPO) Balance _____

Holiday Payout (HPY) Balance _____

Sick Leave Payout (SPO) Balance _____

Approvals

Absence Management Signature _____

Date _____

Date sent to Payroll Services _____