

Agreement for Payout of Unused Unclassified Staff Vacation at Employment Termination

Employee Name _____

Employee Social Security Number _____

Work Unit _____

Employment termination date _____

Maximum unused vacation to be paid out to
employee at time of employment termination (in hours) _____

Employee Date

Appointing authority Date

Please forward completed form with all signatures no later than the employment termination date to:

Cooperative Extension Business Services Office
623 Extension Building
432 North Lake Street
Madison, WI 53706