**Manual Agency Leave Balance Separation Form**

Employees separating from State service must have their leave balances liquidated by payment when applicable or the balance adjusted to zero. Complete this form and submit to State Personnel, ATTN: Manual User.

**Agency Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee SSN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Adjustment**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Effective Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indicate the Leave Balance HOURS:**

**Hours to be Paid** **Hours to be Adjusted**

Annual Leave: \_\_\_\_\_\_\_\_\_\_ Annual Leave/Excess: \_\_\_\_\_\_\_\_

Compensatory Time: \_\_\_\_\_\_\_\_\_\_ Compensatory Time: \_\_\_\_\_\_\_\_\_

Holiday Time Bank: \_\_\_\_\_\_\_\_\_\_\_ Holiday Time Bank: \_\_\_\_\_\_\_\_\_\_

Personal Leave Day: \_\_\_\_\_\_\_\_\_\_\_ Personal Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_

Sick Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_ Sick Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LWOP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Appointing Authority)**

**State Personnel Use Only:**

**State Personnel Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**