

# **EHRA / SHRA Annual and Bonus Leave Payment Authorization**

Complete this form for EHRA/SHRA employees who are separating/retiring or EHRA employees changing from a 12-month (fiscal year) contract to a 9-month (academic year) contract. A final Monthly Breakdown Report from the web leave system must be sent in with this form, signed by the employee and manager. This form authorizes annual and bonus leave payment based on the verified current leave balance(s) in accordance with Board of Trustees and the Office of State Human Resources (OSHR) policy.

*Note: Postdoctoral employees are not eligible for leave balance payout*

**Once the form is completed and signed, forward to HRIM for final payment review**

Mailing Address:  
Campus Box 7210  
Raleigh, NC 27695-7210

Physical Address:  
Administrative Services - Bldg. II  
2711 Sullivan Drive

Separation     Retirement     Contract Change

Employee Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Current Annual Salary \_\_\_\_\_

Effective Date \_\_\_\_\_ **NOTE:** For separation/retirement actions, enter the the date after the last day worked as the effective date; for a contract change, enter the date of the employee's last day of work under the current fiscal year (12-month) appointment.

Amount of **annual leave** (in hours) employee is eligible to receive payment for \_\_\_\_\_ **NOTE:** Maximum payment is 240 hours (based on FTE) for annual leave \*

Amount of **bonus leave** (in hours) employee is eligible to receive payment for \_\_\_\_\_ **NOTE:** Maximum payment is 240 hours for bonus leave

Project ID \_\_\_\_\_ Account \_\_\_\_\_ Number of Hours to be Paid \_\_\_\_\_

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Project ID \_\_\_\_\_ Account \_\_\_\_\_ Number of Hours to be Paid \_\_\_\_\_

*\* The amount paid to an EHRA employee (excluding Postdocs) who has been employed an aggregate of **24 months or less** by one or more State or local governmental agencies is equal to one day for each month worked less the number of days of annual leave taken during the employment period.*

**I certify the annual/bonus leave balance(s) for which I should receive payment is correctly reflected above.**

Employee \_\_\_\_\_ Date \_\_\_\_\_

**I certify the annual/bonus leave balance(s) is correctly reflected above.**

Supervisor/Manager \_\_\_\_\_ Date \_\_\_\_\_