

RESEARCH FOUNDATION

of The City University of New York 230 West 41st Street New York, NY 10036-7207

ANNUAL LEAVE PAYOUT

Employee ID #_									
Last Name (Pri Use the Employe	nt <u>)</u> e's Name as r	ecorded	on the Social Secu	_ First Name (Print irity Card (and Visa w	c) Middle Initia here applicable).			dle Initial (Print)	
Payroll Title/Co	ode								
RFCUNY Notes	<u> </u>								
Immediate Sup	ervisor's Na	ame							
Immediate Sup	ervisor's: Ph	none		Ema	ail				
College									
Baruch BMCC Bronx Brooklyn	City Central CUNY Law Graduate		Hostos Hunter John Jay Journalism	Kingsborough LaGuardia Lehman Medgar Evers	S&G Guttman NYC College of Technology Queens Queensborough		RFCO Staten Isl York Other	CUNY SPS and CUNY SPH	
Reason for Pay	out/								
Termination Resignation End of appo Retirement (Other reasor	intment see Retirem	ent sec	tion, below)						
For RFCUNY U	se								
If for retiremen	t, please fill	in the re	equired informa	tion.					
Effective Date			Last Day F	Paid					
Comments									
Payout Information Project # Sub. Yi		Yr.	Salary Expense Code						
If paying from	a different p	roject, ir	ndicate project #	twhere annual leav	e was earned:	I	-	-	
Project Director Signature Date					Authorized Signatory Signature Date				
Print Name					Print Name				
Phone					Phone				
Email					Email				

For all time and leave benefits related questions, refer to policy 506 on www.rfcuny.org.