

Lump Sum Payment Upon Termination/Special Payment*

A termination ePAR must be submitted and approved by all parties prior to completing this form.

Date _____
Prepared by _____
Phone _____

Empl ID Number	Empl Rcd #	Name (Last, First Middle)
Position Number	Base Department #	Base Department Name
Job Code	Termination ePAR #	Job Title

- Check the appropriate earnings type(s) and include the **total balance(s) to be paid out** for each earning type.
- Show Method of Calculation for Lump Sum Vacation and Death Sick Leave Benefit.
- Attach a completed UPO-25 for expedited payment.
- Submit one original only to Human Resources and copy this form for your files before submitting; no confirmation copies will be sent.

1. Date of Termination/Position Change: _____
2. Last Physical Day Worked (excluding Lump Sum Comp-time): _____
3. Earning Type(s):
 - _____ **Lump Sum Vacation**
 - Vacation hours balance: _____
 - _____ **Death Sick Leave Benefit** (1/2 sick leave hours [max 336])
 - Date of Death: _____
 - Sick leave hours balance ÷ 2: _____
 - _____ **Lump Sum Comp-time** (See Note)
 - EIS 1.0 Comp-time balance: _____
 - EIS 1.5 Comp-time balance ÷ 1.5: _____

Note: Lump Sum Comp-time may be paid on the HRM-9 only upon termination of a non-exempt employee (1.0 and 1.5 Comp-time) or upon promotion/reclassification of an employee from a non-exempt to an exempt position (1.5 Comp-time only). Payroll will calculate Lump Sum Comp-time payment amount.

Method of Calculation:

1. Monthly Base Salary _____
2. Benefit Replacement Pay (if applicable) _____
3. Monthly Additional Pay (if applicable) _____
4. Gross Monthly Salary _____
5. Number of working hours in month (Month/Year) _____
6. Monthly Hourly Rate = Gross Monthly Salary (4) ÷ Number of working hours in month (5) _____

7.	Monthly Hourly Rate	Regular Hours	Holiday Hours	Payment
Vacation				
Death Sick Leave				
Other (see below)				
Total Amount of Payment				

Note: If a lump sum vacation or death sick leave payment covers more than one month, enter the total for all payments in the Total Amount of Payment and show each month's full payment separately in the comments section below.

Comments:

* Dept Head or Dept/Proj ID Holder (Termination ePAR has been verified)	Date	Dean or Director	Date
UNT Research Services (Sponsored projects only)	Date	Vice President	Date
* UNT System Human Resources (Termination ePAR has been verified)	Date	UNT Payroll	Date

***By signing this form, the Department Head or Department/Project ID Holder and UNT System Human Resources has verified that the employee has been fully terminated in EIS. Payments will be made from the account(s) from which the employee receives/received regular pay. If the authorized payment exceeds the wages budget for an account, complete a budget adjustment form, attach a copy of the HRM-9 to the budget adjustment form, and forward all documents to the Budget Office at your location.**