

STATE OF HAWAII

EARLY PAYOUT OF ACCUMULATED VACATION LEAVE CREDITS (Form G-2A)

Employee Name (Last, First, Middle Initial): _____
 Employee Social Security Number: XXX-XX-_____ Date of Hire: _____
 Department: _____ Payroll No.: _____
 Position No.: _____ BU: _____ Effective Date of Separation: _____

Section A—Initial Payment for Vacation Leave Credits Earned Prior to Termination of Service

	(Employee's Leave Credits by Hours)	
	Vacation	Sick
1. Leave Balances Remaining As Of December 31, 20____		
2. Leave Credits Earned From January 1, 20____ to _____, 20____		
3. Leave Credits Taken From January 1, 20____ to _____, 20____		
4. Vacation Leave Credits Held in Reserve (Must be the equivalence of at least 10 vacation days for the employee)		
5. Balance Remaining At Effective Date of Action (Early Vacation Payout)		

PAY DATE OF EARLY VACATION PAYOUT: _____

AUDITED BY: _____

DATE: _____

I HEREBY CONCUR AND ACCEPT THE ABOVE RECORD OF VACATION AND SICK LEAVE CREDITS.

APPROVED: _____
 Signature of Department Head

 Date

 Signature of Applicant

 Date

Section B—Final Payment for Vacation Leave Credits Earned at Termination of Service

	(Employee's Leave Credits by Hours)	
	Vacation	Sick
1. Leave Balances Remaining As Of _____, 20____		
2. Leave Credits Earned From _____, 20____ to _____, 20____		
3. Leave Credits Taken From _____, 20____ to _____, 20____		
4. Balance Remaining At Effective Date of Action (Final Vacation Payout)		

PAY DATE OF FINAL VACATION PAYOUT: _____

AUDITED BY: _____

DATE: _____

I HEREBY CONCUR AND ACCEPT THE ABOVE RECORD OF VACATION AND SICK LEAVE CREDITS.

APPROVED: _____
 Signature of Department Head

 Date

 Signature of Applicant or Authorized Agent

 Date

INSTRUCTIONS: SUBMIT SIGNED AND APPROVED COPIES OF FORM G-2A TO THE UNIVERSITY PAYROLL OFFICE.

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