

CITY OF SEATTLE VOLUNTARY DEFERRED COMPENSATION PLAN LEAVE CONVERSION AUTHORIZATION FORM SPOG and SPMA

Employee Name		Employee Number
Work Phone	Home Phone	Last Day of Employment

In compliance with the Internal Revenue Code and in accordance with SMC 4.24.210, I understand the conversion or cash-out of my remaining leave balances will be administered in the following manner. This form applies to retiring employees represented by SPOG or SPMA.

- The conversion or cash-out of my unused vacation, comp, furlough, holiday and/or sick leave must be processed within two-and-one-half weeks after my separation from employment.
- Upon my retirement from the City, I am eligible to convert 100% of my unused vacation, comp, furlough and holiday leave; and 25% of my unused sick leave into my City of Seattle Deferred Compensation Plan account, or have it cashed out directly to me. If I terminate or resign, I am only entitled to receive my unused vacation, comp, furlough and holiday leave balance either paid directly to me or converted into my City of Seattle Deferred Compensation Plan account.
- The maximum amount I am eligible to defer under the regular contribution limit for 2021 is \$19,500. If I am at least age 50 by the end of the calendar year, I am eligible to contribute an additional \$6,500 under the Age 50+ Catch-Up Provision for a total of \$26,000.
- Contributions made year-to-date, will reduce the amount I am eligible to defer.
- FICA, Social Security and Medicare will be withheld as appropriate.
- If the value of my vacation and other eligible unused leaves exceeds the amount I am eligible to convert in 2021, the remaining balance will be recalculated, after applying FICA and Federal Income Tax Withholding.
- If the value of my unused sick leave exceeds the amount I am eligible to convert in 2021, the remaining balance will be recalculated, after applying FICA and Federal Income Tax Withholdings.

I authorize the City of Seattle to initiate a one-time contribution to my deferred compensation account from my accrued, unused leave balances, as indicated below.

Are you retiring at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convert	Choose Yes or No
Contribute the maximum Allowable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sick Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, specify amount.	\$ _____	Vacation	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Comp Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Furlough Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Holiday Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature			Date

Return completed form using one of the methods below:

Email (preferred): Scan and email to deferredcompquestions@seattle.gov

Interoffice Mail
City of Seattle, SDHR
Mailstop SMT-55-01

US Mail
City of Seattle, Deferred Compensation
PO Box 34028
Seattle, WA 98124-4028

Plan Staff use only - Block <input type="checkbox"/> SS <input type="checkbox"/> Med				
File#	Org	Age	Wage	BU
ST	VT	LT	LB	KT