



## MANAGERIAL TERMINAL LEAVE LUMP SUM PAYMENT REQUEST

**Instructions (Complete this form only if applicable):**

- You are requesting to receive your Lump Sum payment in **two (2) equal installments**, in accordance with Operating Procedure 20-26.
- Please note, if you wish to receive one (1) Lump Sum payment at your current address, with your current TDA and/or DCP deductions, do **not** complete this form. No additional authorization required.
- Provide this form to the Corporate Payroll Department before your separation date.
- If address has changed, provide local Human Resources or HRSS with address change.

**PART 1 - TO BE COMPLETED BY EMPLOYEE (Please Print):**

Last Name, First Name, Middle Initial	Employee ID/last 4 of SSN	Separation Date:

**Address:**

**PART 2 - OPTIONS ON LUMP SUM PAYMENT (Including TDA/DCP):**

**Payment Options – Please check all applicable boxes:**

- 1 Lump Sum Payment** – I elect not to have TDA or DCP contribution deducted from my Lump Sum payment. I am aware that it is my responsibility to contact the Plan Administrator(s), Prudential and/or NYC DCP and instruct them to decrease my contribution percentage(s) to zero (0), prior to separation from NYC H+H.
- 2 Equal Installments** – I elect to receive my Lump Sum payment in two equal installments. One at time of separation, and one at beginning of next calendar year. I am also aware that by electing 2 equal installments, I can only elect to have TDA and/or DCP deducted from my first Lump Sum payment, not my second.

**PART 3 - EMPLOYEE CERTIFICATION:**

This is to certify that I am a requesting Lump Sum payment for all applicable leave time, where eligible, and that I am aware that the time covered by the Lump Sum payment is not creditable toward retirement benefits.

\_\_\_\_\_  
**Signature of Managerial Employee (Requestor)**

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**Date**