



City of San José

Deferred Compensation Plan

Request for Deferral of Sick/Vacation/Comp Time

Name: _____ Employee ID: _____ Dept: _____

Address: _____

Phone Number: _____ Social Security: _____ Date of Birth: _____

1. I acknowledge that an election to defer a compensatory time, vacation, or sick leave payout must be made prior to my actual separation date from City service and that my decision cannot be changed or reversed after separation.

_____ (Initial)

2. I am requesting to defer my eligible leave payouts: Yes → Complete items 3 – 7.
 No → Do NOT complete items 3 – 7.
 Undecided*

*(I understand it is my responsibility to submit an updated form prior to my separation date.)

3. I am enrolled in the special 3-year Catch-up provision: Yes
 No

4. I am enrolled in the 50+ Catch-up provision: Yes
 No

5. I acknowledge that the information on the Termination Payoff Report is accurate.

_____ (Initial)

6. Date of Termination Payoff Report: _____

7. Please specify the requested compensatory time, vacation or sick leave payout amount to defer:

- \$ _____ (The maximum allowable amount less year-to-date deferrals, including PTC, Regular Save, 3-year Catch-up and 50+ Catch-up amounts.)
- Exactly \$ _____

Retirement /Separation Date: _____ **Last Date on Payroll:** _____

Signature of Participant

Date

Authorized Signature of Plan Administrator/Employer

Date