



City of San José
Deferred Compensation Plan
Request for Deferral of Sick/Vacation/Comp Time

Name: _____ **Employee ID:** _____ **Dept.:** _____

Phone Number: _____ **Last 4 of SSN:** _____ **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 _____ **Initial** separation.

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 if I submit "undecided".*

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 provided is accurate as of the date indicated on Item 6 below. _____ **Initial**

6. Date of Termination Payout Report **Date** _____

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

- Maximum allowable** (less year-to-date deferrals, including PTC 457, Voluntary 457, Special 3-year and 50+ Catch-up amounts.)
- Exactly \$** _____

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

Signature

Date

Authorized Signature of Plan Administrator/Employer

Date