



Administrators Annual Leave Conversion

Option to Transfer Accumulated Annual Leave to Deferred Compensation Plan 457(b) OR Tax Sheltered Annuity 403(b)

Instructions: Complete this form and return to your campus Human Resources Representative. If you do not have a Deferred Compensation Plan 457(b) or Tax-Sheltered Annuity 403(b) established, you must first contact the product provider to enroll in the Program.

Name: _____ SEMA4 ID: _____

I understand that I am *irrevocably* electing to transfer the dollar value of the number of annual leave days indicated below to my Deferred Compensation Plan 457(b) or Tax-Sheltered Annuity 403(b) as I have designated below. I also understand that amounts transferred plus other contributions to the Program in the current calendar year cannot exceed the annual maximum allowed by the IRS. *If any amounts exceed the maximum allowed, my regular deductions will be stopped or refunded at such time this determination is made. The transfer of annual leave will not be reversed.*

I request my converted annual leave be deposited in the following investment option:

Deferred Compensation Plan – 457(b) OR **Tax Sheltered Annuity Program- 403(b)**

Annual leave conversion dollars must be deposited into your pre-tax 457(b) or 403(b) account. Dollars cannot be deposited to a Roth TSA.

Once each fiscal year, a System Administrator may convert up to one 1 day of annual leave for each three 3 days of annual leave used in the 26 pay periods ending with the last full pay period in the previous fiscal year. The maximum number of days that can be converted are seven (7).

The pay rate used to convert will be the rate in effect on the pay period end in which the conversion is completed, regardless of whether pay adjustments or retroactive changes later occur. Applications for annual leave conversion will not be processed during the payroll period that includes July 1. Upon returning your completed Option to Transfer Accumulated Leave form to your Human Resources Representative, allow up to 4 weeks for the request to be processed.

I am irrevocably electing to convert _____ days of annual leave to my 457(b) or 403(b) as designated above. I have read the above information and agree to the described terms for transfer of my annual leave time to my choice indicated above.

Administrator Signature (Employee)

Date

Supervisor's Approval

Date

Campus or System Office Use Only

I have verified the Administrator has a 457(b) or 403(b): Yes

Total Number of Annual Leave Days taken in Previous Fiscal Year _____

_____ Total Days (as requested above) will be converted on PPE ____/____/____ which equates to \$ _____
(base salary / 261 * # of days sheltered)

Campus or System Office HR Approval: _____

