

Please fax completed form to the Delaware State Treasury at 302/677-7031.

Sick/Vacation Deferral Form

State of Delaware 403b Plan

(Use this form only for contributions to the 403(b) Plan)



Notice to employee:

- This form is only to be used for deferring sick/vacation time to the 403(b) Plan. If you are also deferring to the 457(b) Plan you must fill out a separate 457(b) Sick/Vacation Deferral Form.
- The Delaware State Treasury must receive this signed form at least 4 weeks prior to the date you will be paid for your sick/vacation time.

| | | | |
|---------------------------|--------------------------------|-------|--------------|
| _____ | | | _____ |
| Last Name (Please Print) | First Name | M.I. | DOB |
| _____ | | | _____ |
| Home Address - Street | | | Employee ID# |
| _____ | | | _____ |
| City / Town | State | Zip | Home Phone |
| _____ | | | _____ |
| Agency or School District | Name of Payroll Representative | Phone | |

| | | | |
|--|--|------------------------------|--|
| Date of Retirement or Separation: | | Date of Payout Check: | |
| Sick Leave Payout: | | Vacation Leave Payout | |
| Additional Salary: | | Total Gross Pay: | |

Please specify your deduction amount. For 2016, the maximum amount for the calendar year is **\$18,000**. In addition, if you are at least 50 years of age by the end of 2016, you can defer an additional **\$6,000**. Please note that amounts deferred are before state and federal taxes but not before social security taxes.

Deduction Amount: \$ _____

Signature of Employee: _____ Date: _____

Please verify your payout information with your Payroll Representative, sign and date the form, and fax it to the attention of the Delaware State Treasury at (302) 677-7031 at least two (2) weeks prior to the date of your final payout check.