

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.

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

<b>Date of Retirement or Separation:</b>		<b>Date of Payout Check:</b>	
<b>Sick Leave Payout:</b>		<b>Vacation Leave Payout</b>	
<b>Additional Salary:</b>		<b>Total Gross Pay:</b>	

Please specify your deduction amount. For 2017, 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 2017, 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 (4) weeks prior to the date of your final payout check.**