

# SANDUSKY COUNTY EMPLOYEE PAYOUT NOTICE

EMPLOYEE'S NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE OF PAYOUT: \_\_\_\_\_

REASON FOR PAYOUT: \_\_\_\_\_ RESIGNATION  
\_\_\_\_\_ TERMINATION  
\_\_\_\_\_ RETIREMENT  
\_\_\_\_\_ OTHER (explain) \_\_\_\_\_

	HOURS	X	RATE OF PAY	=	TOTAL
VACATION	_____	X	_____	=	_____
COMP	_____	X	_____	=	_____
SICK	_____	X	_____	=	_____
PERSONAL	_____	X	_____	=	_____
LONGEVITY	_____	X	_____	=	_____

PAYOUT TOTAL: \$ \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEPT. HEAD SIGNATURE & DATE: \_\_\_\_\_