

# SANDUSKY COUNTY EMPLOYEE PAYOUT NOTICE

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

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

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

REASON FOR PAYOUT:     RESIGNATION  
                                    TERMINATION  
                                    RETIREMENT  
                                    VACATION CASH OUT  
                                    LONGEVITY

|           | HOURS      | X | RATE OF PAY | = | TOTAL      |
|-----------|------------|---|-------------|---|------------|
| VACATION  | _____      | X | _____       | = | _____      |
| COMP      | _____      | X | _____       | = | _____      |
| SICK      |            | X |             | = |            |
|           | # OF YEARS |   | \$100/YEAR  |   | MAX \$3000 |
| LONGEVITY |            | X |             | = |            |

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

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

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