

Sick Leave balance: Hours:
Vacation Leave balance: Hours:
Military Leave balance: Hours:
Has employee requested employment certification for PSLF? Yes No If yes, date last certified:
Comments:

Additional Documentation

Include the following documents as required:

EFT (Direct Deposit)	All past and current Life Insurance Forms	Other Current Deductions
Credit Union Deduction Card	All past and current LTD Forms	Statewide Garnishment (not agency specific)
Union Card (if necessary)	Child Support Orders	Retirement & Beneficiary Forms (copies)
Other Enrollment Forms	All Medical & Dental Enrollment Forms	Leave Balance Report (copies)
LTSS Exemption Letter		

Preparer Certification

Preparer certifies that information is true and correct to the best of their knowledge.

Preparer's Name: Job Title:
Email: Phone: Date Prepared:

To

Agency/Division:
Contact Name (if known):
Email: Phone:
Mail Stop/Address: