

## Request for Payment of Leave

March 2025

**Instructions:** Return completed form to Human Resources: email [hrrbenefits@txstate.edu](mailto:hrrbenefits@txstate.edu), 231 N. Guadalupe Ste. 100, or fax 512.392.0660. Questions may be directed to [hrrbenefits@txstate.edu](mailto:hrrbenefits@txstate.edu) or call 512.245.2557.

Employee Name:			
Texas State ID Number:			
Personnel Number:			

### Total number of hours to be paid:

	Vacation
	FLSA Overtime
	Sick Leave (only applicable if deceased)

### For terminating employees:

Termination Date:		Last Day Worked*:	
<i>*If the termination date and the last day worked are not the same, approval must be obtained from Human Resources.</i>			
Approval Granted by:		Date:	
<i>Is employee going to work for another State of Texas agency or institution of higher education?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, when and where?			

### For current employees:

FLSA Overtime payment will be charged to employee's home cost account. If payment is for extra hours worked in another department, please enter the cost center, fund and/or internal order.

Cost center:			
Fund:			
Internal Order/FP:			

**I certify that all hours worked and time taken off have been entered and approved in SAP prior to submitting this form to Human Resources and the leave balances reported on this form are true and accurate.**

Employee:	_____	Date:	_____
Supervisor:	_____	Date:	_____
Department Head:	_____	Date:	_____
Department Name:	_____	Contact Phone:	_____