Division of Human Resources & Organizational Effectiveness

Death Benefits & Final Salary Payout (Monthly Paid Employees)

Instructions: This form is used to submit a request for payment for a monthly paid employee upon death for final salary and death benefits as listed below. Please read the instructions in each section and complete all fields that apply. **Privacy Notice**: State law requires that you be informed that you are entitled to: (1) request to be informed about information collected about you on this form (with a few exceptions as provided by law): (2) receive and review the information, & (3) have information corrected at no charge. To request information, please contact Payroll.

Employee Name:		Position #:	UIN:
Sup Org. Name:		Sup Org #:	
Date of death:	Date worked from:		Last day worked:

Calculate an hourly rate for the monthly employee to be used below: Monthly salary _____ x 12 / 2080 = _____

ACCRUED SALARY PAYOUT (Days worked prior to death.)

Attach a copy of the Partial Month Worksheet for less than full month worked.

Gross salary due (from worksheet): _____

Other pay due (List each & its gross amount (longevity, allowance, etc): _____

_____

Costing allocation(s): _____

SICK TIME OFF PAYOUT

Attach the Before Adjustment & After Adjustment Time Off Balance Reports to verify the number of hours to be paid, and the zero balance in Workday.

NOTE: Maximum number of sick leave hours for estate of deceased employee is the lesser half (1/2) of the employee's accumulated sick leave, with a maximum of 336 hours.

Sick time accrual _____ / 2 = _____ x Hourly rate _____ = _____ Gross sick time off due

Costing allocation(s): _____

VACATION / HOLIDAY PAYOUT

Attach the Before Adjustment & After Adjustment Time Off Balance Reports to verify the number of hours to be paid, and the zero balance in Workday.

Vacation hours due: _____ Holiday hours due: _____ Total combined vacation / holiday hours: _____

Number of hours to be paid _____ x Hourly rate _____ = _____ Gross vacation/holiday payout

TDA/DCP Deferral Requested: ☐ No ☐ Yes *(If yes, attach TDA/DCP One Time Lump Sum Deferral Form)*

Note: Maximum number of vacation hours is 784. Calculation of holiday hours due begins the day after last day worked in the eligible position and goes forward in time to include any holidays falling within the time frame of the employee's available vacation hours. To determine holiday pay eligibility, refer to System Regulation 31.04.01 Sec. 3.
Payouts will be entered on-cycle and will fall on what would have been the employees upcoming monthly pay day.

Costing Allocation (s): _____

(Costing Allocation is required for Faculty payout—Dept or College is 100% responsible; staff is paid using ACAP funds.)

MISCELLANEOUS PAYMENT – Used for previously approved extra pay and/or merit pay, or payout for Save for Summer balance.

Please list other approved payment requests below. Other special circumstances must be discussed beforehand with Payroll before submitting the request and may require additional forms and documentation.

Gross pay due: _____ Reason: _____

Costing Allocation(s): _____

EXPLANATION – For audit purposes, enter a detailed description or reason(s) for the pay requested in all sections of this form.

I certify that I am acquainted with the employee listed on this form or that I have received necessary details from persons privy to & technically qualified to substantiate effort distribution, & that to the best of my knowledge the employee is entitled to the payment shown on this form & that distribution of pay between departments & projects is true, correct and properly presented by the percentage of effort indicated. I ensure that appropriate time off has been taken by the employee in accordance with relevant University time off requirements while performing additional work. Any exceptions are indicated by explanatory note.

_____   _____   _____
Created by – Print Name   Created by – Signature   Date

_____   _____   _____
Approved by – Print Name   Approved by – Signature   Date

FOR QUESTIONS OR TO SUBMIT: payroll@tamu.edu or Fax: 979-845-4134