

CITY OF SEATTLE VOLUNTARY DEFERRED COMPENSATION PLAN LEAVE CONVERSION AUTHORIZATION FORM Local 27 and Local 2898

Employee Name		Employee Number
Work Phone	Home Phone	Last Day of Employment

In compliance with the Internal Revenue Code and in accordance with SMC 4.24.210, I understand the conversion or cash-out of my remaining leave balances will be administered in the following manner. This form applies to retiring employees represented by Local 27 and Local 2898.

- Upon my retirement or separation from the City, I am eligible to convert 100% of my unused vacation and merit leave into my City of Seattle Deferred Compensation Plan account, or have it cashed out directly to me.
- The maximum amount I am eligible to defer under the regular contribution limit for 2024 is \$23,000. If I am at least age 50 by the end of the calendar year, I am eligible to contribute an additional \$7,500 under the Age 50+ Catch-Up Provision for a total of \$30,500.
- Contributions made year-to-date, will reduce the amount I am eligible to defer.
- FICA, Social Security and Medicare will be withheld as appropriate.
- If the value of my unused vacation and merit leaves exceed the amount I am eligible to defer, the remaining balance will be recalculated, after applying FICA and Federal Income Tax Withholding.

I authorize the City of Seattle to initiate a one-time contribution to my deferred compensation account from my accrued, unused leave balances, as indicated below.

Contribute the maximum Allowable? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, specify amount. \$ _____	Convert Vacation Time Merit Time	Choose Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature _____	Date _____	

Return completed form using one of the methods below:

Email (preferred): Scan and email to deferredcompquestions@seattle.gov

Interoffice Mail
 City of Seattle, SDHR
 Mailstop SMT-55-01

US Mail
 City of Seattle, Deferred Compensation
 PO Box 34028
 Seattle, WA 98124-4028

Plan Staff use only - Block <input type="checkbox"/> SS <input type="checkbox"/> Med				
File#	Org	Age	YTD CTB	WAGE
VT	AD			