

CITY OF SEATTLE VOLUNTARY DEFERRED COMPENSATION PLAN LEAVE CONVERSION AUTHORIZATION FORM SPOG and SPMA

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 separating employees represented by SPOG or SPMA.

- Upon my retirement or separation from the City, I am eligible to convert 100% of my unused vacation, comp, furlough and holiday leave into my City of Seattle Deferred Compensation Plan account or have it cashed out directly to me.
- Upon my retirement from the City, I am eligible to cash out or defer 25% of my unused sick leave into my Deferred Compensation Plan account (SPOG) or I am required to defer a portion of my unused sick leave into a VEBA according to the collective bargaining agreement (SPMA).
- 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 vacation and other eligible unused leaves exceeds the amount I am eligible to defer, the remaining balance will be recalculated, after applying FICA and Federal Income Tax Withholding.
- If the value of my unused sick leave exceeds the amount I am eligible to convert in 2024, the remaining balance will be recalculated, after applying FICA and Federal Income Tax Withholdings.

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.

Are you retiring at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convert	Choose Yes or No
Contribute the maximum Allowable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sick Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, specify amount.	\$ _____	Vacation	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Comp Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Furlough Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Holiday Credit	<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
ST	VT	LT	LB	KT