



CITY OF FLINT

DEPARTMENT OF FINANCE

FINAL PAYOUT FORM

Today's Date: _____ Employee ID#: _____

Employee Name: _____ Hire Date: _____

Department: _____ Division: _____

Reason for Payout (terminated, resigned, retired, etc.): _____

Effective Date of Separation: _____

Paid Time Off (PTO): _____ PTO Holding Bank: _____

Pay Period End Date (to be used for last pay period worked): _____

Payroll Clerk Signature: _____

FOR FINANCE USE ONLY:

PTO Hours: _____ Rate of Pay: \$_____ Total Amount: \$_____

PTO Holding Bank: _____ Rate of Pay: \$_____ Total Amount: \$_____

Pay Period End Date (to be used for payout): _____

Finance Office:

Created by: _____ Date: _____

Human Resources:

Approved by: _____ Date: _____

Finance Office:

Approval for payment: _____ Date: _____