Deferred Compensation Participant Rollover Form - Active and Separating Employees



Active Employee: Submit completed Rollover form to your Department Payroll Representative
Separating Employee: Submit completed Rollover form and Leave Sell-Back form to your Department Payroll Representative

Participant Name:			Employee ID:		
Mailing A					
Senaration	Street Address on Date (if applicable):	City		State	Zip Code
·					
riease ii	ndicate which account you would like you	nours deducted from.	# of Hours		
	Compensatory Time (Sworn Police Only)*				
	Management Leave*				·
	Vacation*				
	Sick Leave (employees separating from Service)				
Total Ho	ours:iod end date you wish to rollover to be proces				
(separa	ting employees only)				
Equival	ent Dollar Amount (hours x hourly rate of pay): \$			
and/or va per IRS re	agree to defer my right to receive compercation leave hours deposited into my defegulations and my respective MOU and/o	ferred compensation acc	count up to the maxi		
Particip	pant Signature		Date		
Depart	mental Payroll Representative Signature		Date		
Plan A	dministrator Signature		Date		
	mployees: Your Department Payroll Repres Bi-annual rollovers must be submitted by the			for accura	acy and
	tPayrollRepresentative: Submit validated rollover for ave back-up documents).	orm to City of Oakland Benefits	Unit (for bi-annual rollove	rs include L	eave Sell-Back
Email: FAX:	<u>JDelgado@oaklandca.gov</u> (510) 238-6560				
Drop Off:	150 Frank Ogawa Plaza, 2nd Floor HR Desk, Oa	kland			
For HR Us	e Only				
Deferred	·	Catch-U	o:		