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 2026 is $24,500. If I am at least age 50 by the end of the calendar year, I am eligible to contribute an additional $8,000 under the Age 50+ Catch-Up Provision for a total of $32,500.
- Eligible contributions will be matched up to the amount determined in the appropriate bargaining agreement.
- 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.

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

Are you retiring at this time ☐ Yes ☐ No

Contribute the maximum Allowable? ☐ Yes ☐ No

If no, specify amount. $_____

Convert	**Choose Yes or No**
Sick Leave	☐ Yes ☐ No
Vacation	☐ Yes ☐ No
Comp Time	☐ Yes ☐ No
Furlough Time	☐ Yes ☐ No
Holiday Credit	☐ Yes ☐ No

_____ Signature

_____ Date

Return completed form to your HR representative