

# 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 Address: \_\_\_\_\_  
Street Address City State Zip Code

Separation Date (if applicable): \_\_\_\_\_

**Please indicate which account you would like your hours deducted from:**

# of Hours

Compensatory Time (Sworn Police Only)\* \_\_\_\_\_

Management Leave\* \_\_\_\_\_

Vacation\* \_\_\_\_\_

Sick Leave (employees separating from service only) \_\_\_\_\_

***I hereby authorize and direct my employer to deduct the following amount of hours from my account and deposit the cash equivalent into my Deferred Compensation Account. I understand that my deposit cannot exceed the maximum leave cash out/buy-back allowed in my respective MOU and/or City policy and the statutory maximum annual IRS contribution. I understand rollover contributions are made on a pre-tax basis.***

Total Hours: \_\_\_\_\_

Pay period end date you wish to rollover to be processed: \_\_\_\_\_  
 (separating employees only)

Equivalent Dollar Amount (hours x hourly rate of pay): \$ \_\_\_\_\_

**Notification of Acceptance - Deferred Compensation Plans**

***I hereby agree to defer my right to receive compensation in lieu of having my comp time, management leave, and/or vacation leave hours deposited into my deferred compensation account up to the maximums allowed per IRS regulations and my respective MOU and/or City policy.***

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
Departmental Payroll Representative Signature Date

\_\_\_\_\_  
Plan Administrator Signature Date

**\*Active Employees:** Your Department Payroll Representative must review and verify the Rollover form for accuracy and eligibility. Bi-annual rollovers must be submitted by the rollover deadline to be processed.

**Department Payroll Representative:** Submit validated rollover form to City of Oakland Benefits Unit (for bi-annual rollovers include Leave Sell-Back form and leave back-up documents).

Email: [JDelgado@oaklandca.gov](mailto:JDelgado@oaklandca.gov)

FAX: (510) 238-6560

Drop Off: 150 Frank Ogawa Plaza, 2nd Floor HR Desk, Oakland

**For HR Use Only**

**Deferred Comp:**

**Catch-Up:**