

STATE OF HAWAII

Accounting Manual

Volume III: Payroll Expenditures

Part 700: Appendix - Instructions and Related Sample Forms

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SECTION 733: INSTRUCTIONS FOR COMPLETING
APPLICATION FOR TRANSFER OF VACATION AND SICK
LEAVE CREDIT OR PAYMENT IN LIEU OF VACATION, FORM G-2

1. Purpose.
 - (a) To request payment for vacation earned at termination of service;
 - (b) To request payment for vacation in excess of maximum;
 - (c) To report the amount of vacation and sick leave credits being transferred to another state department or to a county jurisdiction; and when applicable, to support SUMMARY WARRANT VOUCHERS transferring funds for vacation credits.
2. Prepared By. Department.
3. Frequency. As required.
4. Distribution.
 - (a) Completed FORM G-2 is sent to the Pre-Audit Branch, Accounting Division, Department of Accounting and General Services.
 - (b) The Pre-Audit Branch audits FORM G-2 and makes final distribution of the approved copies.
5. Audit Support Requirement. A FORM G-2 submitted to the Pre-Audit Branch for audit must be supported by:
 - (a) Time records for the latest five years, in the form prescribed for time recordkeeping by DPS. (Effective 5-1-74, the form prescribed by DPS changed from Form C.S.C. No. 7, to a new DPS Form 7.) Exception to the requirement for the prescribed form can be made only in those instances where DPS has approved an exception to its time recordkeeping requirements.
 - (b) A SUMMARY WARRANT VOUCHER, when an employee's vacation credits earned are transferred from one agency to another in accordance with Chapter 9J.3, State of Hawaii Personnel Rules and Regulations. (Also Refer to Section 79-5, "Transfer of vacation credits", Hawaii Revised Statutes.)

SECTION 733: INSTRUCTIONS FOR COMPLETING
APPLICATION FOR TRANSFER OF VACATION AND SICK
LEAVE CREDIT OR PAYMENT IN LIEU OF VACATION, FORM G-2

ITEM NO.	DATA AND DATA INSTRUCTIONS
(A)	Note: Instructions for some data fields have been purposely omitted because they are considered self-explanatory. These data fields are keyed with the letter (A).
1	FORM NO. - Leave blank. To be recorded by data processing center, if required.
2	EFFECTIVE DATE OF ACTION - Enter the effective date of the termination (c.o.b.) or transfer. If application is being made for payment of excess vacation, the effective date must be the last day of the calendar year.
3	BU - Enter the employee's 2-digit bargaining unit code. Example: BU 03
	SECTION A
4	REPORTED BY: <input type="checkbox"/> DAYS <input type="checkbox"/> HOURS - Designate whether the leave credits are reported in hours or days by marking (x) in the appropriate box.
5	VACATION - Enter the employee's vacation leave data by days or hours, to two decimal places, in this column. See instructions and examples for blocks 1 to 6, below.
6	SICK - Enter the employee's sick leave data by days or hours, to two decimal places, in this column. See instructions and examples for blocks 1 to 6, below.
	<p><input type="checkbox"/> 1 ACCUMULATIVE BALANCE - Enter the balance of vacation and sick leave accrued as of December 31 of the preceding calendar year.</p> <p><input type="checkbox"/> 2 LEAVE CREDITS EARNED FROM - Enter the year and vacation and sick leave earned from January 1, of the current calendar year, to the effective date of this action.</p> <p><input type="checkbox"/> 3 LEAVE TAKEN FROM - Enter the date and vacation and sick leave taken from January 1, of the current calendar year, to the effective date of this action.</p>

SECTION 733: INSTRUCTIONS FOR COMPLETING
APPLICATION FOR TRANSFER OF VACATION AND SICK
LEAVE CREDIT OR PAYMENT IN LIEU OF VACATION, FORM G-2

ITEM NO.	DATA AND DATA INSTRUCTIONS
6	<p>SICK (cont'd.)</p> <p><input type="checkbox"/> 4 BALANCE REMAINING AT EFFECTIVE DATE OF ACTION - Enter the balance of vacation and sick leave as of the effective date of this action. (Blocks <input type="checkbox"/> 1 + <input type="checkbox"/> 2 = <input type="checkbox"/> 3 .)</p> <p><input type="checkbox"/> 5 MAXIMUM ACCUMULATION ALLOWED AT - Enter the year and maximum number of vacation leave allowed by law as of the end of the current calendar year. Ignore SICK leave block.</p> <p><input type="checkbox"/> 6 EARNED VACATION IN EXCESS OF - Enter the amount of unused vacation leave in excess of the maximum allowed by law. (Blocks <input type="checkbox"/> 4 - <input type="checkbox"/> 5). Ignore SICK leave block.</p> <p style="text-align: center;">SECTION B</p>
7	<p>PAYMENT FOR - Enter an X in this box to apply for payment in lieu of unused vacation leave credits upon termination of service.</p>
8	<p>TRANSFER OF - Enter an X in this box to apply for the transfer of unused vacation and sick leave credits and/or the amount of vacation credits to another department or agency within the State government or to another political subdivision.</p>
9	<p>DEPARTMENT OR COUNTY TITLE (RECEIVING) - Enter the title of the department, agency, or county to which an employee is being transferred.</p>
10	<p>FROM _____ UNIFORM ACCOUNTING CODE - Enter the appropriation symbol of the receiving department from which the employee will be paid, if applicable.</p>
11	<p>TO _____ UNIFORM ACCOUNTING CODE - Enter the appropriation symbol of the receiving department from which the employee will be paid. (This entry need not be made if:</p>

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SECTION 733: INSTRUCTIONS FOR COMPLETING
APPLICATION FOR TRANSFER OF VACATION AND SICK
LEAVE CREDIT OR PAYMENT IN LIEU OF VACATION, FORM G-2

ITEM NO.	DATA AND DATA INSTRUCTIONS
⑪	<p>TO (cont'd.)</p> <ol style="list-style-type: none">1. the appropriation account codes of <u>both</u> the <u>transferring</u> and the <u>receiving</u> departments are in the General Fund <u>and</u> are numbered 001 through 199.2. the transfer is within a group of accounts that comprise a single Special Fund entity -- for example, if both the transferring and receiving accounts are within the Harbors Special Fund.3. the transfer is to a non-State-government agency -- for example, a county.)
	<p><u>SECTION C</u></p>
⑫	<p>PAYMENT FOR - Enter an X in this box to apply for payment of <u>excess vacation leave</u>. (The number of days or hours as shown in <u>SECTION A</u>, Line <u>6</u> .)</p>
⑬	<p>AT DECEMBER 31, 19__ - Enter the year in which the excess vacation credits were accumulated.</p>

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EXHIBIT A: SAMPLE FORM KEYED TO INSTRUCTIONS FOR FORM G-2

STATE OF HAWAII

APPLICATION FOR TRANSFER OF VACATION AND SICK LEAVE CREDIT OR PAYMENT IN LIEU OF VACATION

FORM NO. **1**

DEPARTMENT **A**

BU **3**

EFFECTIVE DATE OF ACTION **2**

EMPLOYEE'S S.S. NO. **A**

POSITION NUMBER **A**

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) **A**

PAYROLL NUMBER **A**

SECTION A

(CHECK ONE BOX ONLY)

4 REPORTED BY: DAYS HOURS

1 ACCUMULATIVE BALANCE REMAINING AS OF DECEMBER 31, 19__

2 LEAVE CREDITS EARNED FROM JANUARY 1, 19__ TO EFFECTIVE DATE OF ACTION

3 LEAVE TAKEN FROM JANUARY 1, 19__ TO EFFECTIVE DATE OF ACTION

4 BALANCE REMAINING AT EFFECTIVE DATE OF ACTION

5 MAXIMUM ACCUMULATION ALLOWED AT DECEMBER 31, 19__

6 EARNED VACATION IN EXCESS OF MAXIMUM ALLOWED.

EMPLOYEE'S LEAVE CREDITS (BY DAYS OR HOURS TO TWO DECIMAL POINTS)	
VACATION	SICK
5	6

I HEREBY CONCUR AND ACCEPT THE ABOVE RECORD OF VACATION AND SICK LEAVE.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT _____

SECTION B

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR:

7 PAYMENT FOR VACATION EARNED AT TERMINATION OF SERVICE

8 TRANSFER OF VACATION AND SICK LEAVE CREDITS AND/OR THE AMOUNT (5) OF VACATION CREDITS

TO **9** DEPARTMENT OR COUNTY TITLE (RECEIVING) FROM **10** UNIFORM ACCOUNTING CODE TO **11** UNIFORM ACCOUNTING CODE

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR VACATION AND SICK LEAVE CREDITS AGAINST THE DEPARTMENT FROM WHICH I AM BEING TRANSFERRED OR AGAINST THE STATE GOVERNMENT FROM WHICH I AM BEING TERMINATED.

APPROVED _____
SIGNATURE OF DEPARTMENT HEAD

_____ **A**
DATE

_____ **A**
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

_____ **A**
DATE

SECTION C

12 PAYMENT FOR VACATION IN EXCESS OF MAXIMUM.

I HEREBY CERTIFY IN ACCORDANCE WITH ACT 142, S.L. 1943, THAT DUE TO EMERGENCY CONDITIONS EXISTING DURING THE PRECEDING CALENDAR YEAR, IT WAS IMPRACTICABLE TO ALLOW THE ABOVE NAMED EMPLOYEE TO BE GRANTED ACCUMULATED VACATION LAPSED AND FORFEITED AT DECEMBER 31, 19__ **13** BY REASON OF SUCH CONDITIONS, AND THAT NO VACATION LEAVE IN ADDITION TO THE AMOUNT REPORTED HEREON HAS BEEN ALLOWED OR TAKEN BY HIM ON ACCOUNT OF SUCH ACCUMULATED VACATION.

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR THE ABOVE VACATION ALLOWANCE, IN EXCESS OF THE MAXIMUM, FOR WHICH I AM BEING PAID:

_____ **A**
DEPARTMENT HEAD

_____ **A**
DATE

_____ **A**
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

_____ **A**
DATE

INSTRUCTIONS FURNISH SIGNED AND APPROVED COPIES OF FORM G-2, STATE DPS FORM 7(FOR LATEST FIVE (5) YEARS) AND SUMMARY WARRANT VOUCHERS (IF APPLICABLE) TO THE STATE COMPTROLLER(CENTRAL PAYROLL STATE COMPTROLLER (CENTRAL PAYROLL) OR RECEIVING DEPT. COPY

FORM G2
REV. 7/74

November 1, 1980

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EXHIBIT B: FILLED OUT SAMPLE OF FORM G-2

STATE OF HAWAII

APPLICATION FOR TRANSFER OF VACATION AND SICK LEAVE CREDIT OR PAYMENT IN LIEU OF VACATION

BU 03

TO: Department of Budget and Finance DATE OF ACTION: 09-21-80

EMPLOYEE I.D. NO. 575-55-6666 POSITION NUMBER 62222 EMPLOYEE NAME LAST DOE FIRST JOHN MIDDLE INITIAL K PAYROLL NUMBER 014

SECTION A

(CHECK ONE BOX ONLY)
REPORTED BY: DAYS HOURS

	EMPLOYEE'S LEAVE CREDITS (BY DAYS OR HOURS TO TWO DECIMAL POINTS)	
	VACATION	SICK
1 ACCUMULATIVE BALANCE REMAINING AS OF DECEMBER 31, 19 <u>79</u>	79.75	49.50
2 LEAVE CREDITS EARNED FROM JANUARY 1, 19 <u>80</u> TO EFFECTIVE DATE OF ACTION	118.00	118.00
3 LEAVE TAKEN FROM JANUARY 1, 19 <u>80</u> TO EFFECTIVE DATE OF ACTION	197.75	161.50
4 BALANCE REMAINING AT EFFECTIVE DATE OF ACTION	0	6.00
5 MAXIMUM ACCUMULATION ALLOWED AT DECEMBER 31, 19 _____		
6 EARNED VACATION IN EXCESS OF MAXIMUM ALLOWED.		

I HEREBY CONCUR AND ACCEPT THE ABOVE RECORD OF VACATION AND SICK LEAVE.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

SECTION B THE UNDERSIGNED HEREBY MAKES APPLICATION FOR:

PAYMENT FOR VACATION EARNED AT TERMINATION OF SERVICE

TRANSFER OF VACATION AND SICK LEAVE CREDITS AND/OR THE AMOUNT (\$) OF VACATION CREDITS

TO _____ DEPARTMENT OR COUNTY TITLE RECEIVING FROM _____ UNIFORM ACCOUNTING CODE TO _____ UNIFORM ACCOUNTING CODE

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR VACATION AND SICK LEAVE CREDITS AGAINST THE DEPARTMENT FROM WHICH I AM BEING TRANSFERRED OR AGAINST THE STATE GOVERNMENT FROM WHICH I AM BEING TERMINATED.

APPROVED _____ SIGNATURE OF DEPARTMENT HEAD _____ SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

DATE _____ DATE _____

SECTION C

PAYMENT FOR VACATION IN EXCESS OF MAXIMUM.

I HEREBY CERTIFY IN ACCORDANCE WITH ACT 142, S.L. 1943, THAT DUE TO EMERGENCY CONDITIONS EXISTING DURING THE PRECEDING CALENDAR YEAR, IT WAS IMPRACTICABLE TO ALLOW THE ABOVE NAMED EMPLOYEE TO BE GRANTED ACCUMULATED VACATION LAPSED AND FORFEITED AT DECEMBER 31, 19 _____ BY REASON OF SUCH CONDITIONS; AND THAT NO VACATION LEAVE IN ADDITION TO THE AMOUNT REPORTED HEREON HAS BEEN ALLOWED OR TAKEN BY HIM ON ACCOUNT OF SUCH ACCUMULATED VACATION.

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR THE ABOVE VACATION ALLOWANCE, IN EXCESS OF THE MAXIMUM, FOR WHICH I AM BEING PAID.

DEPARTMENT HEAD _____ SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

DATE _____ DATE _____

INSTRUCTIONS FURNISH SIGNED AND APPROVED COPIES OF FORM G-2, STATE DPS FORM 7 (FOR LATEST FIVE (5) YEARS) AND SUMMARY WARRANT VOUCHERS (IF APPLICABLE) TO THE STATE COMPTROLLER/CENTRAL PAYROLL TRANSFERRING DEPT. OR RECEIVING DEPT.

FORM G2
REV. 8/79

November 1, 1980