

CLACKAMAS COUNTY DEFERRED COMPENSATION PLAN FINAL PAYCHECK LUMP SUM FORM

Use this form to request a One-Time Final Paycheck Lump Sum Payout to be contributed to your deferred comp account.

Name					
	(Last)	(First)	(MI)	Social Security #	Employee ID
				Date of Birth:	
	(Street)			Mark Dhana.	
•	(City)	(State)	(Zip Code)	Work Phone: ()
Department/ Division Name				Home Phone: ()
2111010111	tarrio			•	
FINAL CHE	CK DAT	re	_		
I want to defer \$ or % PRE-TAX or				f my vacation payout into my deferred comp account	
I want to def	er \$	or	% POST-TAX	(Roth) of my vacation payout int	o my deferred comp account
i want to do	ο. Ψ <u></u>		%1 GG1 1700	(really of my vacation payout int	o my dolonod domp doddani
I certify that the information on this form is true, complete and accurate.				RETURN COMPLETED FORM TO:	Clackamas County, DHR 2051 Kaen Road, Suite 310 Oregon City, OR 97045
Employee's S	ignature		Date		FAX: (503) 742-5468
Clackamas C	ounty Si	gnature	Date		
		FOR	PLAN ADMINISTRATOR	USE ONLY	
ounty Paid %	x	\$ = Base Pay Period	County Paid	pay periods	= \$ Annual County Contribution
mnlovee Paid %	X	\$ = Base Pay Period	_\$X _ Employee Paid	pay periods	=\$ Annual Employee Contribution
mpioyee i aiu /	u	base i ay i cilou	Employee i alu		\$ Prior Contributions YTD
					\$ Total Annual Deferral