



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 _____

Address _____
(Street)

(City) (State) (Zip Code)

Date of Birth: _____

Work Phone: () _____

Home Phone: () _____

Department/
Division Name _____

FINAL CHECK DATE _____

I want to defer \$ _____ or _____ % PRE-TAX of my vacation payout into my deferred comp account

I want to defer \$ _____ or _____ % POST-TAX (Roth) of my vacation payout into my deferred comp account

I certify that the information on this form is true, complete and accurate.

Employee's Signature

Date

Clackamas County Signature

Date

FOR PLAN ADMINISTRATOR USE ONLY

_____ pay periods = \$ _____
Annual County Contribution

_____ pay periods = \$ _____
Annual Employee Contribution

\$ _____
Prior Contributions YTD

\$ _____
Total Annual Deferral

**COMPLETE AND RETURN THIS FORM
AT LEAST TWO WEEKS BEFORE YOUR
LAST DAY OF WORK TO:**

Clackamas County, HR
2051 Kaen Road, Suite 310
Oregon City, OR 97045

Email: benefits@clackamas.us
FAX: (503) 742-5468