



CITY OF COTTONWOOD EMPLOYEE RECEIPT OF ALL WAGES DUE

I, (Employee's Name): _____, residing at

_____, hereby acknowledges receipt from the City of Cottonwood payment in full for my accrued normal daily wages, sick time over 480 hours but under 1,040 hours, vacation time and any compensation time.

(Please check one of the retirement systems you participated in with the City of Cottonwood. Your final payment was a sum for all your accrued pay if you were a member of the Arizona State Retirement System. If you participated in the Public Safety Personnel Retirement System you will receive separate payments, one for your accrued normal daily pay, and another for your accrued sick time, vacation time and any compenstion time.)

- ☐ Arizona State Retirement System
- ☐ Public Safety Personnel Retirement System

Signature of Employee: _____

Date: _____