

Sick Leave Certification - Final



▼ To Be Completed by Member -- please print clearly

Your Information

Print or type all personal information. When listing your name, please include all names under which you may have been employed.

____-____-____ Social Security Number

____ Last Name First Name Middle Initial

(____) Telephone Number (home) (____) Telephone Number (work)

____ Street Address (home address)

____ City State Zipcode

Employment Information

Your date of retirement cannot be earlier than the 1st of the month following your last date of employment.

____ Anticipated Last Date of Employment Anticipated Date of Retirement

____ Current Employer Start Date/End Date Previous Employer Start Date/End Date

____ Previous Employer Start Date/End Date Previous Employer Start Date/End Date

Sick Leave Credit

#3--if you do not wish to receive credit for only a portion of your service time, list the employer's name and period of time you do not want to include.

- I want to pursue sick leave credit.
- I do not wish to pursue sick leave credit. I understand I cannot establish sick leave credit at a later date.
- I do not wish to submit sick leave verification for the following employer _____ for the following date(s) _____. I understand I cannot establish sick leave credit at a later date.

Your Signature

Verifies the information provided above is accurate.

____ Signature Date

▼ To Be Completed by Employer -- please print clearly

Sick Leave Status

Please verify the information on this form is the member's final sick leave status by checking this box.

Sick Leave Verification

1. Please verify the Final Balance of Sick Leave subject to the qualifications listed on the back of this form. The number of sick days should be the balance prior to any lump sum payment at retirement. If applicable, list dates of missing records.

- Our personnel/payroll records show a final sick leave balance for this member of _____ days for the dates of _____ to _____.
- The total listed above reflects sick leave accrued at 1 1/4 days or less per month of service, **OR**
 The total listed above reflects sick leave accrued at a rate higher than 1 1/4 days per month of service. Sick leave was awarded at _____ days per month of service. Please attach an explanation of accrual rate(s).
- We do not have sick leave records for the dates of _____ to _____.
- Number of sick days transferred included in total _____
System from which the sick days were transferred _____.

Sick Leave Lump-Sum Payments

The employee elected to receive _____ days of unused sick leave in a lump-sum payment upon termination; AND/OR the employee received _____ days of unused sick leave in a lump-sum payment as an attendance incentive or for any other program. Describe program on back of form.

Your Signature

Please sign and date verifying the information provided above is accurate.

I certify that this information conforms to the personnel/payroll records of this system for this individual and the requirements outlined in the legislation and the TRS procedures for determining the amount of accumulated sick leave to be used for retirement purposes. I further certify that the above information is complete from all existing records for this person in this system.

____ Approving Authority's Signature Title

____ System Name Date



Sick Leave Certification - Final cont.

EMPLOYERS: The accumulated sick leave that a TRS member may use for retirement credit may or may not be the final total showing on the employee's last pay stub or in your records. Policies such as forfeited leave, a leave bank, annual payments of leave, and other situations in your system may require you to recalculate the final balance for the determination of allowable retirement credit. The dates you list don't have to cover the entire employment time if records are not available. The following considerations should be observed when entering the Final Balance of Sick Leave on this form. **The Final Balance of Sick Leave should:**

- reflect the days earned based on the policies of your system for this individual employee.
- not exceed 1 1/4 days per month of service. If your policies call for days awarded in excess of 1 1/4 days per month of service, you may recalculate the total based on the limit of 1 1/4 days, or you may indicate your basis for accumulation on the form in the area provided.
- include all days forfeited due to your policy limitation of accrued leave.
- include all days to be paid in a lump-sum payment at retirement.
- not include the days for which the employee was paid when absent.
- reflect the reduction for any sick leave days used for personal leave.
- not include the days for which the employee was paid in a lump sum at the end of each year.
- reflect the reduction for any sick leave days donated to a sick leave bank and used from a sick leave bank which exceed the days donated. (For example, if an employee donates 2 days to a sick leave bank and uses 5 days sick leave from the bank, then the 2 days donated should be deducted from the Final Balance of Sick Leave.)
- not include days granted by special action of your governing body.
- include transfer days in your total. Be sure to indicate the number of days transferred and the employer from which the days were received on the first page of this document. Any further clarifications can be made in the section below.

This form must be submitted AFTER the employee has terminated. Since the employee could use sick leave just prior to his or her retirement date and, as a result, receive less sick leave credit, TRS will not adjust a member's benefit for sick leave credit until after the member has terminated.

You must also report ALL lump-sum payments to the member on the front side of this form, which includes any attendance incentive pay that is paid out to the member at termination. Failure to report any lump-sum payments related to sick leave will result in reduced sick leave credit and a reduced retirement benefit to the member. If applicable, please describe the conditions of your attendance-incentive pay program or other program:

MEMBERS: After you have filled out your portion of the form, you will need to make a copy of it for each employer you listed on the reverse and send the copy to them for your sick leave verification. Your sick leave credit cannot be calculated until forms from all employers are received at TRS. It is up to you to follow up with your employers to make sure they have submitted the form to TRS.

Your retirement will be processed without your sick leave credit. Your credit will be calculated after you are on retirement payroll with TRS and your monthly benefit will be adjusted retroactively to your date of retirement.

*Under O.C.G.A Section 45-11-1, the falsification of state records by any public officer or other person is a felony subject to a fine and imprisonment.

**The law requires you to keep the sick leave records for your past, present and future TRS covered employees for a period of 50 years.

***Under O.C.G.A Section 47-3-141, any person who attempts to defraud the retirement system by means of false statements or falsified records is subject to a fine and imprisonment. Additionally, the board of trustees shall have the power to adjust any erroneous payments.