



Optional Retirement Plan (ORP) Sick Leave Submission

Purpose of the Form

- When an optional retirement plan (ORP) member retires, his or her employer must use this form to provide the ORP member's sick leave information to PERSI.

Instructions

- 1 Complete this form in blue or black ink on behalf of a retiring ORP member.
- 2 Submit the completed form to PERSI.

Member Social Security Number

ORP Member Information			
Name – First, Middle, Last			
Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Daytime Phone Number (include area code)	Email Address		Retirement Date – mm/dd/yyyy

Employer Information	
Employer Name	Employer Number

Unused Sick Leave
Required for employees who are retiring under the provisions of an optional retirement plan (ORP). Calculate the conversion amount to be credited to the employee's unused sick leave account for payment of insurance premiums.
Hours of sick leave accrued _____ × 0.5 × Hourly Rate of \$ _____ = _____

Employer Certification	
Position Title	
Signature	Date – mm/dd/yyyy

