# Judicial Retiree Sick Leave Submission

**Purpose of the Form**

- When a member of the Judicial Branch retires, that member's employer must use this form to provide the member's sick leave information to PERSI.

**Instructions**

**1** Complete this form in blue or black ink.

**2** Submit the completed form to PERSI.

| Member Social Security Number |
|---|
|  |

## 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

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** |
|  |  |