



Voluntary Employer Sick Leave Submission

Purpose of the Form

- When a member retires from an employer that is voluntarily participating in PERSI's unused sick leave fund, their employer must use this form to provide the member's sick leave information to PERSI.
- The employer must return this form and full payment of the sick leave value to PERSI within 10 days of the member's retirement.

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

