

**This form must be received and date stamped in the Payroll Department
 no later than 4:00 p.m., Monday, May 17, 2021.**

Name (please print) _____ Date Signed _____

Employee Signature _____ Location _____

Full-Time Teacher Part-Time Teacher

DEFERRED COMPENSATION

If you have been with the district 3 or more years, and have not met your \$22,000 match through the deferred compensation, you will automatically receive the district match of whatever you have contributed through payroll and do not need to complete this form. Those teachers needing to surrender sick leave hours (for their contribution and/or additional funds to deposit into their 403(b) need to complete this form.

If you only want the district match without surrendering sick leave for your contribution and/or additional funds, you do not need to fill out this form.

“Beyond District Match” Teachers meeting the maximum \$22,000 district match shall be able to apply accumulated sick leave at \$20.40/hr, not to exceed the amount of sick leave earned for the current school year and not used.

As authorized by the applicable Employment Contract, I request that St. Francis Area Schools deduct the following number of hours to be transferred to the indicated Deferred Compensation Plan(s).

ALL FORMS RECEIVED WILL BE PROCESSED AFTER July 1, 2021.

See page 2 for Sick Leave Buy Back

1.	Total unused SICK LEAVE hours	
	Minimum accrued hours that need to be retained	- 320
	Number of hours eligible for deferred compensation (If number is less than 320, you are not eligible to surrender sick leave hours.) If you are not eligible, Continue on to #3	
	Number of hours I want to surrender to deferred compensation (Value: 1 to 95 hours = \$20.40 per hour 96 hours = \$2,000)	=
2.	Total Deferred Compensation claimed through surrender of hours (Number of hours surrendered X \$20.40. Total claimed cannot exceed \$2,000)	\$
3.	District Match (this will match what you have elected in #2 -OR- what you have contributed in #3 -OR- a combination of both. DISTRICT MATCH PORTION CAN ONLY BE SENT TO A 403(b).)	\$
4.	Total with District Match (Total claimed cannot exceed \$4,000)	\$
Beyond District Match		
	Allocated hours this year	
	Hours used	
	Eligible hours to apply	
	Total hours to apply	
	Total hours X \$20.40	\$
	Total contribution made to Empower 403(b) account	\$

Name (please print) _____

SICK LEAVE

Article XIII, Section 10, of the Master Agreement authorizes a teacher, having a one-year, probationary or continuing contract, who does not use any sick leave or limits use of sick leave during the school year may request and receive payment as follows:

If no more than six (6) days of sick leave are used during the school year, one day for every four (4) days not used may be surrendered for payment.

All sick leave that is turned in for pay shall be deducted from accumulated sick leave; e.g., pursuant to the above, if four (4) days of sick leave are turned in for one day's pay, four (4) days will be deducted from accumulated sick leave.

Request for payment by the teacher shall be made in writing to the District no later than May 17, 2021. Payment shall be made on the last pay date in June. Changes in sick leave usage after May 17, 2021 may result in a modification of the buy-back amount.

The provisions of this section do not apply to unit members hired after ratification of this agreement.

Current year allocated hours	116	Hours
Number of sick leave hours used during 2020-21		Hours
Remaining sick leave hours		Hours
I request to receive regular pay for _____ hours X 4 =		Hours*

* I understand that 32 hours (8 hours X 4 days) will be subtracted for every 1 (8 hour) day I will be paid.