SHORELINE PUBLIC SCHOOLS

PAYROLL DEPARTMENT

SICK LEAVE OPTION

_____

Last Name, First Name – Please Print

❑ I will be requesting transfer of my sick leave balance to another Washington State Public School District (Please sign and date form below)

❑ I qualify for Sick Leave Conversion and have completed the Conversion Request below

SICK LEAVE CONVERSION REQUEST

I hereby make application for sick leave conversion provisions as provided for in **RCW 28A.400.210.**
I understand that cash out is a one-time-ever payment option due to one of the following:

1) Leaving K-12 School District Employment
2) Moving from an eligible position with sick leave benefits to a non-eligible position
3) Retirement

I qualify for conversion under one of the following:

_____ Retirement TRS 1 or PERS 1 retirement date: _____

_____ I am at least 55 years of age with 15 or more years of service in SERS Plan II

_____ I am at least 55 years of age with 15 or more years of service in TRS Plan II

_____ I am at least 55 years of age with 10 or more years of service in SERS Plan III

_____ I am at least 55 years of age with 10 or more years of service in TRS Plan III

I understand unused sick leave is cashed out at a 1:4 ratio (25%) and that my sick leave cash out will be contributed to a VEBA Plan if my bargaining/employee group has voted to participate in the VEBA Plan. If cash out is to be transmitted to VEBA, VEBA will send a welcome packet explaining how to access funds.

I hereby certify that this is a true and correct claim for sick leave conversion and understand that an incorrect claim will be cause for action by Shoreline School District #412.

Signed: _____ Date: _____