



# Mount Vernon School District 320

## Accumulated Sick Leave Conversion Application due to Retirement/Separation from Service

Instructions: Complete the below application if you are eligible to retire/separate from service. Completed forms must be returned to the Business Office within 31 days prior to the retirement/separation from service date.

**Processing of the converted sick leave will take place once proof of retirement compensation has been received by the Business Office for Plan 1 members.**

In accordance with WAC 392-136-020, the undersigned hereby elects to convert all eligible accumulated unused sick leave days to either monetary compensation or VEBA III as determined by group election for the appropriate time period as provided by this section.

The undersigned understands that this remuneration shall not be included as earnable compensation in any state retirement system.

### FOR PLAN 2 & 3 RETIREMENT ELIGIBLE MEMBERS ONLY

I understand that I must decide **no later than 31 calendar days** following my separation from service date to: cashout, transfer, or keep my sick leave balance on the books to transfer to another Washington State school district. I also understand that if I choose to have my sick leave held and I **do not** obtain a position at another district, I forfeit my ability to cashout my sick leave balance through the Mount Vernon School District.

\_\_\_\_\_ I hereby elect to convert all eligible accumulated unused sick leave days to either monetary compensation or VEBA III as determined by group election.

\_\_\_\_\_ I hereby elect to transfer my sick leave balance immediately to \_\_\_\_\_ school district.

\_\_\_\_\_ I hereby elect that my sick leave balance be held in the payroll system to transfer to another district at a later date.

### ALL MEMBERS ELIGIBLE TO RETIRE/SEPARATE FROM SERVICE

\_\_\_\_\_  
Employee Name (please print) \_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Retirement/Separation Date Location Position

\_\_\_\_\_  
Employee Signature Date

Business Office Use Only:

Proof of Retirement Application (for Plan 1) \_\_\_/\_\_\_/\_\_\_ (copy attached)

\_\_\_\_\_ Available Hours x \_\_\_\_\_ Hourly Rate x 25% = \_\_\_\_\_

Warrant Date \_\_\_/\_\_\_/\_\_\_ Payroll Signature \_\_\_\_\_