



Retirement Sick Leave Balance Application (DRS Plan1 members)

Mount Vernon School District #320
124 East Lawrence Street
Mount Vernon, WA 98273

Retirement Date

Instructions: Complete the below application if you are eligible to retire from service. Completed forms must be returned to the Payroll Department within 31 days of your retirement date.

Employee Name

_____-_____-_____
Social Security Number

Mailing Address

City

State

Zip

Position

Location

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 the group election for the appropriate time period as provided by this section.

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

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

I understand that I must decide **no later than 31 calendar days** following my date of retirement to:

- _____ Elect to convert all unused sick leave in balance to VEBA at a 1 to 4 (25%) ratio.
- _____ Elect to cash out for a monetary value (If bargaining group elected to do so for the appropriate time period)
- _____ Elect to transfer my sick leave balance immediately to _____ School District.
- _____ Elect to leave my sick leave balance at MVSD to transfer to another Washington State School District within 5 years.

(Electronic) Employee Signature

Date

Payroll Use Only: Proof of Retirement Application ___ / ___ / ___ (copy attached)

Available Hours

x \$ _____
Hourly Rate

= _____
Amount to VEBA

x 25% = \$ _____

Warrant Date ___ / ___ / ___

Payroll Signature: _____