Retirement Sick Leave Balance Application
(DRS Plan 2 or Plan 3 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.

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:

_____ x $_____ = _____ x 25%= $_____
Available Hours   Hourly Rate   Amount to VEBA

Warrant Date ____/ ____/ ____   Payroll Signature: _____