



# Sick Leave Balance Conversion Application

## DRS Plan 1 Members

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

### OPTION 1:

☐ I will be requesting a transfer of my sick leave balance to another Washington State School District (please sign and date below)

### OPTION 2:

☐ I elect to leave my sick leave balance with the Mount Vernon School District, to transfer within 5 years (please sign and date below)

### OPTION 3:

☐ I am eligible for the Sick Leave Balance Conversion under one of the following:

☐ I am at least 55 years of age with 15 or more years of service in PERS/TRS Plan 1

☐ I am at least 55 years of age with 10 or more years of service in PERS/TRS Plan 1

In accordance with [WAC 392-136-020](#), [RCW 28A.400.210](#), [RCW 28A.400.300](#), I elect to convert all eligible, accumulated unused sick leave days. The leave will be cashed out at a 1:4 ratio (25%) for either monetary compensation or to be cashed out to VEBA, based on the group election for the applicable time period.

I understand that this remuneration shall not be included as reportable compensation in any state retirement system.

**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.**

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

\_\_\_\_\_  
Date

I understand that completed Sick Leave Balance Conversion Forms are due no later than **31 calendar days** following my date of employment separation.

Payroll Use Only:

Warrant Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Eligible Sick Leave Hours

x \$ \_\_\_\_\_  
Hourly Rate

x 25% = \$ \_\_\_\_\_  
Total Sick Leave Conversion