Sick Leave Balance Conversion Application
DRS Plan 2 or Plan 3 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 SERS/TRS Plan 2

☐ I am at least 55 years of age with 10 or more years of service in SERS/TRS Plan 3

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 earnable compensation in any state retirement system.

_____   _____
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 ____/ ____/ ____

_____ x $_____ x 25% = $ _____
Eligible Sick Leave Hours   Hourly Rate   Total Sick Leave Conversion