## APPLICATION FOR

## **Lump Sum Supplemental Compensation for Earned and Unused Sick Leave for Retirees**

INSTRUCTIONS: Before completing this form, see NJAC4A:6-3.(1 through 4) concerning SCOR.

1. NAME OF EMPLOYEE (Print or Type)		2. DEPARTMENT OR AGENCY				
3. SIGNATURE OF EMPLOYEE	4. SOCIAL SECURITY NUMBER					
	C EMPLOYEE	C TITLE A	T DETIDEN	AENT		
5. PRESENT MAILING ADDRESS (Street, City, State, Zip Code)		6. EMPLOYEE'S TITLE AT RETIREMENT				
		Career Full Time	Senior Ex	ecutive	Unclas	sified
7. Salary at time of retirement 8. Effective date of Retirement:		10. DATES OF EMPLOYMENT to:				
9. Name of Employee's Pension System:	Leaves without pay; list dates, if any:					
Other: TPAF		from: to:				
NUMBER:		from: to:			to:	
11. TOTAL AVERAGE ANNUAL COMPE date of retirement). Be sure to exclude any unpaid le		st 261 <b>paid</b> payroll da	ays or 217 da	ays for 10 mo	nth employees	s, counting back from effective
TITLE PERIOD (Da		y, Month, Year)		Number of Payroll Days X Daily Rate = Amount		
	from:	to:				\$
from:		to:				\$
	from:	from: to:				\$
	from:	from: to:				\$
	from:	to:				\$
	Total Days:	261 or	217	Total C	ompensation	n \$
12. AVERAGE DAILY RATE DURING LAST FULL YEAR OF EMPLOYMENT:	13. UNUSED SICK LEAVE (When configures to nearest quarter of day)	nverting hours to days, rou	ind out		DAYS	14. AMOUNT
A. For 12-month employees	A. Balance thru December 31,	Balance thru December 31,(Prior Y		Year)		(Item 13E X Item 12 divided by 2)
A. For 12-month employees divide total compensation (Item 11) by 261.		Earned calender year to effective date (Employees earn 1.25 days per month)		ement		
B. For 10-month employees divide total compensation	C. Total sick days accrued (A	. Total sick days accrued (A+B)				\$
(Item 11) by 217.	D. Used calendar year	. Used calendar year to effective d		ement		NOTE: Total payment
	E. Balance of sick leave at re	etirement (C minus I	D)			not to exceed \$15,000.
15. Sick leave information for UNCLASSIFIED service or any periods served in unclassified service. Please attach sick leave time records for last 5 years for unclassified service.						
A. Was there a fixed number of days an employee could earn and he credited each year?		D. Give dates for which sick leave records were maintained available (Indicate month, day and year).		ed and are  E. On reemployment, did former employee regain sick leave outstanding at the time of separation?  NO		
be credited each year? How many?  Explain how this amount was determined on reverse side	e. From:	From: To:		(If YES, were there any limitations?)		
B. Was sick leave recorded in the same manner for all full time emplo	oyees? From:	From: To:		If Yes, describe limitations on reverse side.		
Explain how recorded on reverse side. YES	NO			F. Has this employee or employees in these class titles, received types or amounts of leave that classified employees did not receive?		
C. Are records concerning use of sick leave maintained?  Explain how mantained on reverse side. YES	If YES, what types of leave and how Explain variations from procedure fo side for explanations.					
16 • I CERTIFY that all statements on this application are true and correct to the best of my knowledge and belief under penalty of perjury.						
Signature of Appointing Authority	"我生生"。				Date:	
17. APPROVAL: Department of Posignature:		Submit completed form along with pension approval letter to:  Dept. of Personnel Compensation/SCOR Unit P.O. Box 313 Trenton, NJ 08625				