



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
5. PRESENT MAILING ADDRESS (Street, City, State, Zip Code)
6. EMPLOYEE'S TITLE AT RETIREMENT
7. Salary at time of retirement
8. Effective date of Retirement:
9. Name of Employee's Pension System: PERS PFRS Other: TPAF
10. DATES OF EMPLOYMENT
11. TOTAL AVERAGE ANNUAL COMPENSATION (Base salary during last 261 paid payroll days or 217 days for 10 month employees, counting back from effective date of retirement). Be sure to exclude any unpaid leaves.

Table with 3 columns: TITLE, PERIOD (Day, Month, Year), and Number of Payroll Days X Daily Rate = Amount. Includes rows for compensation history and a total compensation summary.

12. AVERAGE DAILY RATE DURING LAST FULL YEAR OF EMPLOYMENT:
13. UNUSED SICK LEAVE (When converting hours to days, round out figures to nearest quarter of day)
14. AMOUNT
NOTE: Total payment 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 be credited each year?
B. Was sick leave recorded in the same manner for all full time employees?
C. Are records concerning use of sick leave maintained?
D. Give dates for which sick leave records were maintained and are available
E. On reemployment, did former employee regain sick leave outstanding at the time of separation?
F. Has this employee or employees in these class titles, received types or amounts of leave that classified employees did not receive?

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
Date:
17. APPROVAL: Department of Personnel
Signature: Date:
Submit completed form along with pension approval letter to: Dept. of Personnel Compensation/SCOR Unit P.O. Box 313 Trenton, NJ 08625