

LOCAL LEAVE REQUEST

COMPLETE THIS FORM NO LATER THAN YOUR FINAL WORKING

EMPLOYEE WHO RETIRES FROM THE DISTRICT UNDER THE LOCAL LEAVE PLAN SHALL BE ELIGIBLE FOR PAYMENT FOR ACCUMULATED LOCAL LEAVE

THE EMPLOYEE TEN YEARS OF CUMULATIVE SERVICE WILL BE ELIGIBLE FOR PAYMENT FOR ACCUMULATED LOCAL LEAVE

EXEMPT EMPLOYEE SHALL RECEIVE PAYMENT FOR EACH DAY OF ACCUMULATED SICK LEAVE IN THE AMOUNT OF PER DAY ONLY FULL DAYS BASED ON THE EMPLOYEE'S & 4% AT RETIREMENT. IF THE EMPLOYEE IS REEMPLOYED WITH THE DISTRICT, PAYMENT FOR ACCUMULATED SICK LEAVE WILL NOT BE MADE.

IF THE EMPLOYEE RECEIVES PAYMENT FOR ACCUMULATED SICK LEAVE, THE EMPLOYEE WHO CEASES TO BE EMPLOYED BY THE DISTRICT SHALL SURRENDER ALL ACCUMULATED SICK LEAVE. EXCEPTIONS SHALL BE MADE FOR EMPLOYEES WHO LEAVE THE DISTRICT AFTER RECEIVING PAYMENT FOR ACCUMULATED SICK LEAVE AND RETURN TO THE DISTRICT WITHIN 12 MONTHS.

THE RATE LISTED ABOVE AS ESTABLISHED BY THE BOARD SHALL APPLY TO ANY CHANGES TO THE RATE SHALL APPLY BEGINNING WITH THE RATE CHANGE.

EMPLOYEE NAME & FIRST AND LAST

EMPLOYEE'S NUMERIC ONLY

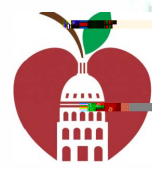
WHEN IS YOUR RETIREMENT DATE MM DD YYYY

I UNDERSTAND THAT MY DAYS THAT I RECEIVE PAYMENT FOR SHALL NO LONGER BE COMPENSATION IS PROVIDED FOR FULL DAYS ONLY. MY REMAINING LOCAL SICK LEAVE BALANCE WILL EXPIRE ON THE DATE OF MY RETIREMENT.

I AGREE AND WISH TO DONATE ANY LOCAL SICK HOURS TO THE DISTRICT'S SICK LEAVE BANK.

I CERTIFY THAT I HAVE ELECTED TO RETIRE AS OF THE DATE OF MY RETIREMENT TO 423.

I CERTIFY I WILL NOT BE RETIRING UNDER 423.



AUSTIN
I TU UNSUA S