

City of St. Louis
SICK LEAVE OPTION FORM (FOR RETIREMENT)

TO BE COMPLETED BY EMPLOYEE:

Name: _____ Title: _____

Department: _____ Division: _____

Social Security Number: _____

I have applied for my retirement to begin: _____
(Enter Effective Date)

I choose to receive my payment for 50% of my sick leave balance as below (check one):

- One (1) lump sum payment
- Four (4) equal installments every six (6) months following retirement

(Note: The sick leave lump sum payment or the first of the installment payments will generally be received by the retiree in the month following receipt of first pension check.)

Signature of Employee: _____ Date: _____

TO BE COMPLETED BY PAYROLL CLERK:

Employee's sick leave balance at time of retirement: _____ hours/\$
Please indicate number of hours and cash amount

Signature of Payroll Clerk: _____ Date: _____

TO BE COMPLETED BY APPOINTING AUTHORITY:

Signature of Appointing Authority: _____ Date: _____

Please attach the original and one (1) copy of this form to the *Employee Status Form* for the retirement, and forward to the Personnel Service Section of the Department of Personnel in the usual manner.