

[REV. 11/00]

Kentucky Public Pensions Authority [KENTUCKY]  
 RETIREMENT SYSTEMS Perimeter Park West  
 1260 Louisville Road \* Frankfort, KY 40601  
 Phone (502) 696-8800 \* Fax: 502) 696-8822  
[kyret.ky.gov](http://kyret.ky.gov)

1/2026



Ky Retirement Systems  
 use only

sick leave months

## SICK LEAVE AUTHORIZATION

Upon [A member, on] retirement, a member receives credit for unused sick leave accrued while working for an agency that participates with Kentucky Public Pensions Authority [in state service]. To receive credit, The employer must [shall] certify the retiring employee's unused accumulated sick leave balance [to the Retirement System]. Please complete and return this form to our office [the Retirement System] after the termination date shown below [within 10 days]. **Submitting this form prior to the termination date below will cause the form to be invalid since a final leave balance at the time of termination is required.**

Retiring Employee:

Member ID [SSN] :

Termination date:

Eff. Ret. Date:

Employer:

Employer Code:

Date of birth:

Accumulated Sick Leave (in hours): \_\_\_\_\_

[Current Rate of Pay: \_\_\_\_\_]

[ Hourly  Daily  Monthly]

Hours in a Sick Leave Day: [One sick day is equal to hours]

Certification

I certify that the sick leave balance provided above is accurate based upon the records.

Employer NameName [Individual Completing Form]Phone [Title]Title [Date] : \_\_\_\_\_Date [Phone number] : \_\_\_\_\_Signature: \_\_\_\_\_