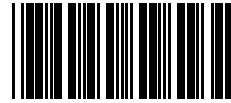


[(RE;V. 11/00)]

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

1/2026

Ky Retirement Systems use only sick leave months
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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: _____