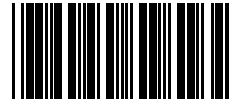


[(RE:V. 11/00)]

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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## ALTERNATE PLAN

## 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 days) \_\_\_\_\_ [(-)Hours—(-)Days]

[Current Rate of Pay: \*\* (Complete Below)  
 (-) Hourly—(-) Daily]

[Number of hours worked per day:\_\_\_\_\_]

Total compensation paid for sick leave: \_\_\_\_\_

Reported Contributions: Employer \_\_\_\_\_ Employee \_\_\_\_\_

Reported Health Insurance Contributions: \_\_\_\_\_

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: \_\_\_\_\_