



KENTUCKY PUBLIC PENSIONS AUTHORITY

1260 Louisville Road • Frankfort, KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



[Print Form](#)

Form 6501
1/2026

Alternate Plan Sick Leave Authorization

Upon retirement, a member receives credit for unused sick leave accrued while working for an agency that participates with Kentucky Public Pensions Authority. To receive credit, the employer must certify the retiring employee's unused accumulated sick leave balance.

Please complete and return this form to our office after the termination date indicated below.

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

Retiring Employee: _____ Member ID: _____

Date of Birth: _____

Termination Date: _____

Effective Retirement Date: _____

Employer: _____

Employer Code: _____

Accumulated Sick Leave:(in days) _____

Total Compensation Paid for Sick Leave: _____

Reported Employer Contributions: _____

Reported Employee Contributions: _____

Reported Health Insurance Contributions: _____

Payment Details

Please indicate below during which report month contributions were reported.

Payment has been included with _____ monthly contribution report.
(Report Month)

Certification

I certify that the sick leave information provided above is accurate based upon the

records.

Employer Name

Name: _____ Phone: _____

Title: _____ Date: _____

Signature: _____