

**KENTUCKY PUBLIC PENSIONS AUTHORITY**

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[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: \_\_\_\_\_