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San Joaquin County Employees' Retirement Association

6 S. El Dorado Street, Suite 400 • Stockton, CA 95202 • (209) 468-2163 • (209) 468-0480 Fax • www.sjcera.org

SICK LEAVE CONVERSION

TO BE COMPLETED BY SJCERA

I hereby certify that the member listed below applied for the following type of retirement:

- Service Disability - Nonservice
- Disability - Service Deferred

CAPS ID No.: 146836

Member's Name: Tiffany K. Anderson Social Security No.: XXX-XX-5133

Effective date of Retirement (Generally, day after termination): 3/27/2013

Effective date of Deferral (No lump sum cash conversion to be processed at this time): _____

I certify that this member is eligible for a lump sum cash conversion, payable when the member first receives a monetary allowance from the Retirement Association, equal to the following percentage of sick leave 0 %.

Authorized Signature: [Signature] Date: 5/15/14

TO BE COMPLETED BY EMPLOYEE'S DEPARTMENT (Upon completion, please route to Auditor-Controller)

Total sick leave balance at time of retirement: 0

Department: San Joaquin County Mosquito & Vector Control District Department No.: _____

Authorized Signature: [Signature] Date: 5-19-14

TO BE COMPLETED BY AUDITOR-CONTROLLER

PLEASE NOTE: Conversion shall not be in an amount that will reduce the sick leave accumulation to below 20 full days (160 hours)

I certify the sick leave hours listed above are correct.

Our records indicate a different sick leave balance of _____ hours.

Authorized Signature: _____ Date: _____

If the member is to begin receiving an allowance from SJCERA and the member elected or is required to convert sick leave time as indicated above, I verify payment will be issued for _____ hours.

Authorized Signature: _____ Date: _____

SJCERA USE ONLY (Check For Service Credit Election Form)	
Convert Sick Leave To:	<input type="checkbox"/> S/L Bank <input type="checkbox"/> Service Credit
S/L Bank Rate Per 8 Hours (\$221.24 Rate Effective 3-1-91)	_____
Lump Sum Conversion (hours)	_____
Sick Leave Hours After Eligible Lump Sum Conversion	_____
S/L Bank Amt	_____

White - Retirement Office

Yellow - Auditor's Copy

Pink - Retirement's Copy