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SAN JOAQUIN COUNTY
MOSQUITO & VECTOR CONTROL
DISTRICT

FORM FOR THE SELECTION OF USE OF ELIGIBLE
SICK LEAVE BANK BENEFIT

I was an employee of San Joaquin County Mosquito and Vector Control District (the District) on payroll as of 8/27/01. If I am eligible for the District's sick leave bank benefit at the time I separate from service I wish to have my unused sick leave administered in the following manner:

Please select and place an "X" in one of the three options below and initial and date below the selected option.

 X Option 1: **Sick leave bank.** District agrees to a sick leave conversion at the time of retirement at the then determined rate per day of sick leave (requires minimum of 160 hours of accrued sick leave). This amount is to be paid towards the employee's and their eligible dependent health insurance premiums for District-sponsored plans (plans and premiums based on District MOU's and policies in place at time of retirement).

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Falsified

 Option 2: **Cash Payout.** A cash payout of the then determined rate and percentage of accrued sick leave at the time of retirement (rate and percentage based on District MOU's and policies in place at time of retirement).

 Option 3: **Service Credit.** The transfer of accrued sick leave to the San Joaquin County Employees Association (SJCERA) to be added to my service credit in my name (per the Settlement Agreement in DSA v. San Joaquin County Employees Retirement Association and any applicable policies of SJCERA).

Name (Print): Tiffany Anderson

Social Security Number: [REDACTED]

Employment Date: 4/19/04

→ Signature: Tiffany Anderson

Date: 7-19-04

Option you selected (Please circle): Option 1 Option 2 Option 3