



Claim and Verification of Unused Sick Leave Credit

FOR OFFICE USE ONLY



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Juneau, AK 99811-0203

Juneau: (907) 465-4460
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NAME	SOCIAL SECURITY NUMBER
<p>I wish to claim all creditable days (only full days will be credited) of sick leave accrued during my Teachers' Retirement System (TRS) membership service. I understand that I must claim the sick leave within one year of my retirement. I also understand that I must be on retirement the same number of days as the number of creditable sick leave days accrued, before a benefit will be paid on that portion of service and that my benefit will be increased effective the first day of the month following the expiration of this period. Further, I certify that this application denotes my full and entire claim for all my accrued sick leave during my TRS membership service and forfeits my right to a further claim for this service.</p> <p>I understand it is my sole personal responsibility to claim my unused sick leave.</p>	
SIGNATURE	DATE

FOR EMPLOYER USE ONLY: (Round down to nearest day, no partials. Please verify only full days of unused sick leave.)

<p>I certify that _____ has an unused sick leave balance <i>Name of Employee</i></p> <p>of _____ full days from _____ to _____ <i>Number</i> <i>Beginning date of employment</i> <i>Ending date of employment</i></p> <p>I understand that only unused sick leave and no other type of leave can be verified for this purpose. I further understand that my organization holds the data of record. Any dispute regarding the number of certified days will be referred to us for resolution.</p>	
SCHOOL DISTRICT	
SIGNATURE OF CERTIFYING OFFICER	DATE
PRINTED NAME OF CERTIFYING OFFICER	PHONE NUMBER